

TERMINAL OPERATOR'S GUIDE

July 2005

HS

HSRS TERMINAL OPERATORS GUIDE
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THE HUMAN SERVICES REPORTING SYSTEM

The Human Services Reporting System (HSRS) is a data collection system for social service and mental health clients, the services they receive, and the funds expended. This information meets both state and federal reporting requirements.

I. WHERE TO GET HELP:

For HSRS application questions/problems:

SOS DESK

The SOS DESK is operated for reporting questions and/or problems related to the client specific reporting. These questions may include form completion, screen entry, programmatic concerns, assistance with problem cases, printout or output report content questions, and training requests.

SOS DESK

Hours 9:00 - 11:30
 12:30 - 2:30
 You may call at other times and leave a message and someone will
 return your call at the beginning of the next shift.

Telephone (608) 266-9198
E-mail Address soshelp@dhfs.state.wi.us
FAX Number (608) 267-2437

Address Human Services Reporting System
 SOS Desk
 1 West Wilson Street, Room 851
 P. O. Box 7851
 Madison, Wisconsin 53707-7851

The HSRS databases are online Monday through Friday from 6:30 A.M. to 9:00 P.M.*, and Saturday from 8:00 A.M. to 5:00 P.M.

*They are taken offline the last business day of every month at 5:00 P.M. for end of month report processing.

For network related problems:

WISCONSIN HELP DESK

The WISCONSIN HELP DESK is operated for support and inquiry for any Network concerns or problems. Its primary task is to respond to all user requests for assistance, general systems information, and information on procedural matters. The WISCONSIN HELP DESK should be called whenever a terminal, printer, or other piece of telecommunications equipment is not functioning properly. All problems with the network, whether they are hardware, application, telecommunications or response time should be reported to the WISCONSIN HELP DESK.

Toll free telephone: (866) 335-2180
Madison Telephone: (608) 261-4400
TTY (608) 246-2583
E-mail address: helpdesk@wi.gov

HSRS HANDBOOK AND TERMINAL OPERATOR'S GUIDE

The HSRS Handbook and Terminal Operator's Guide are both available on the Internet at <http://dhfs.wisconsin.gov/hsrs/index.htm>

II. DATA SECURITY ISSUES

The Human Services Reporting System (HSRS) program area has excellent security features to assure that client data is secure and kept confidential. The HSRS program area is one of several program areas with systems residing on the Department of Administration computer. Each program area has systems with sensitive data. Therefore, each system must have rules of access in order to maintain the integrity and confidentiality of the system data.

To request a new HSRS login ID, complete a DES-10 Computer Access Request form and FAX it to the SOS Desk at (608) 267-2437.

III. PASSWORD

You will need your USER ID number and current password each time you use HSRS. This information should be known to you and only you. It is important that this be kept confidential so that unauthorized persons cannot access any data on the system.

The first time you login, and at least every 30 days thereafter, you must establish a new password for yourself. Do not reuse the previous eight passwords. The procedure for doing this is the following:

1. SELECTION SCREEN is displayed:

Enter Selection Here: IMSFP. Press Enter. Top of screen will display the message: SESSION READY FOR INPUT.
2. Press the F2 key. Blank entry fields for your USER ID and PASSWORD will be displayed.
3. USER ID: Key ID number
PASSWORD: Key old password
NEW PASSWORD: Key new password.
New password:
 - must contain at least 1 numeric or special character (1, 2, 3, etc, #, @, *, \$, etc.)
 - must be 7 to 8 characters in length
 - cannot be all numeric
 - cannot match any of your last 8 passwords.
4. Press the ENTER Key. Use only the new password the next time you log in.

IV. HSRS LOG IN

1. SELECTION SCREEN is displayed.
Enter Selection Here: IMSFP
2. Press ENTER. TERMINAL CONNECTED TO IMS is displayed.
3. Press the F2 key. Blank entry fields for operator's USER ID and PASSWORD will be displayed.
4. Enter USER ID and password.
5. Press ENTER. Top of screen will display the message: SESSION READY FOR INPUT.
6. Type /for w0800o1 (one space after the /for).
7. Press ENTER. HSRS MAIN MENU will be displayed.
8. Make selection and press ENTER.

HSRS LOG OFF

1. Press the F10 key. HSRS MAIN MENU will be displayed.
2. Repeat the F10 key. You will be out of HSRS and back to SELECTION SCREEN.

V. LOCATING AND MENUS

The F keys at the top of the keyboard are set up to local menus:

F1 - Core Client Entry Menu

F2 - Inquiry Menu

F4 - General Menu

F5 - Main Menu

Also used for screen print on some screens.

F6 - AODA Entry Menu

F7 - Client Deletions Menu

F8 - Family Support Program Menu

Also used for Full Client Print on some screens.

F9 - Refresh screen - erases the information which appear on the screen.

F10 - Main Menu. Pressing it again will take you out of HSRS and log you off.

VI. NEXT SCREEN FUNCTION

The Next Screen function enables workers to move directly between entry screens without having to go through menu screens. In addition, the use of the Next Screen field will bring forward onto the new screen certain data elements such as Client ID Number and Episode Key, to facilitate easier interaction on the new screen.

To use the Next Screen function, type the screen number of your choice in the Next Screen field found on the lower right of all HSRS data entry screens. To ensure efficient and problem free passage among screens, please follow this two step procedure carefully:

1. Enter the next screen number together with the data you are entering on the present screen at the same time. Press Enter key. Data from the current screen together with the next screen indication are processed. (Next screen can be entered on inquiry screens also.)

Do not enter the next screen number AFTER the current screen is processed. Such action will process the same screen again and may result in the error message Data Already Exists.

Also, do not press the Enter key more than once. Such action will "stack up" the Next Screen requests in the memory of the computer. The result is that when you enter a number for a new Next Screen on a following screen, you will still get the previous Next Screen as many times as you had pressed the Enter key.

2. After the current screen has been processed (Client Successfully Registered, Updated, Services Added, etc.) together with Next Screen field, press the Page Up key to bring up the requested screen with the passed data. Do not press the Page Up key more than once. If pressed twice, the passed data might appear on the new screen but will not be recognized by the computer, and consequently be wiped out when the new transaction is processed.

When an invalid screen number is entered on the current screen, and the Page Up key is pressed following successful processing, the Main Menu will be brought up.

VII. PRINTING AND FULL CLIENT PRINT

Successful transactions will be confirmed via messages on the entry screens. No turnaround documents will be produced automatically by the system at the conclusion of successful transactions. You may still wish to print copies for several reasons:

- for documentation in case files
- as reference points for future updates or error corrections
- indicating Client ID, Episode/Module Key, and Program Number as reference for future inquiries and transactions

There are three methods to choose from to produce these paper copies:

- press the F5 key after a successful transaction message is received
- on some screens the F8 key may be used for Full Client Print. Both the registration and service screens print together
- use screen AA for Full Client Print

The F5 print function is available on many HSRS screens and is indicated at the bottom of the screen. The F8 Full Client Print is gradually being added to other screens as time permits.

If you are using the next screen function, first press the F5 key to print the screen, and then press the Page Up key to move to the next screen.

FULL CLIENT PRINT

Full Client Print is a way of printing both the registration and services screens together versus printing each screen separately. It provides a complete picture of the client's episode(s).

There are two ways of obtaining a Full Client Print:

- the F8 key will produce a Full Client Print. (Look for this feature at the bottom of the screen.)
- screen AA will produce a Full Client Print for one or more or all episodes using Client ID.

VIII. WHEN - CLIENT SPECIFIC REPORTING

MODULE	REPORTING FREQUENCY	REPORTING *
CORE	Due at least twice per year by July 31 and the last business day of February of the following year.	1 year
LONG TERM SUPPORT	Due monthly by the last business day of the following month.	1 year
FAMILY SUPPORT PROGRAM	Due annually by the last business day of February of the following year.	1 year
ALCOHOL AND OTHER DRUG ABUSE	Due quarterly by the last business day of April, July, October and February.	1 year
SUPPORTED EMPLOYMENT	Due semiannually for the months of February and August by the last business day of March and September.	1 year
MENTAL HEALTH	Due quarterly by the last business day of April, July, October and February.	6 months
BIRTH TO THREE	Due quarterly by March 30, June 30, September 30, and December 30.	1 year

* Recommended time period for reopening closed episodes.

Program data entered without optional dates will reflect activity in only one year (Origination Year). If such a program continues into the following year it must be re-entered to record that year's activity. If optional program dates (SPC Start Date and End Date) are used, the program remains open until the Program End Date is entered. In this case no re-entry of the program is necessary. It is expected that agencies reporting on-line will want to continue more frequent (daily or weekly) data entry to avoid keying backlogs and have up-to-date data available.

WHEN - HSRS EXPENSE REPORTING DDE-942

Due March 25 of the following year.

IX. ENTERPRISE OUTPUT SOLUTION (EOS)

EOS may be used to view and print most HSRS reports in county agencies. This is beneficial when a report is needed quickly, or when only select portions are needed. Also, this feature is useful for looking up information which you may not need to print.

EOS LOG IN

- When SELECTION SCREEN is displayed; enter EOSP.
- Press ENTER.
- The following screen will be displayed.

```
PF 1/13  HELP-COMMAND ==>
IDENTIFICATION CHECKING-                                     LU -> VTCC1ARZ

USER NAME           ==>
PASSWORD            ==>
NEW PASSWORD        ==>
VERI FY PASSWORD    ==>

*----- ENTERPRI SE  OUTPUT  SOLUTION -----*
*      EEEEEEEEEEEEEEE      0000000000      SSSSSSSSSS      *
*      EEEEEEEEEEEEEEE      0000000000000000      SSSSSSSSSSSS      *
*      EEE      00000      00000      SSSS      *
*      EEE      0000      0000      SSSS      *
*      EEE      0000      0000      SSSSSS      *
*      EEEEEEEE      0000      0000      SSSSSSSS      *
*      EEE      0000      0000      SSSSSS      *
*      EEE      0000      0000      SSSS      *
*      EEE      00000      00000      SSSS      *
*      EEEEEEEEEEEEEEE      0000000000000000      SSSSSSSSSSSS      *
*      EEEEEEEEEEEEEEE      0000000000      SSSSSSSSSS      *
*----- VTAM SUPPORT ----- V1 R2
```

- Type USER ID and PASSWORD; press ENTER.

A Directory Selection Screen will be displayed with your cursor in the Form Name field. If you know the form number, enter it and press Enter. A directory of reports matching that form number will be displayed. If you do not know the form number for the report you wish to view, enter LH.. in FORM NAME, press enter and a list of HSRS reports will be displayed.

```

PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSEOSP.EOS.RINDX.UD001
-DIRECTORY SELECTION- USER-> PWR719      TR-> 1606      TP-> 2694361 TL-> 152229K

FORM NAME          ==> LH. .          APPL. (JOBNAME) ==>
REPORT NAME        ==>                DEFERRED ONLY   ==>    <- ENTER Y
REPORT ROOTNAME    ==>
NOTEPAD HEADER     ==>

REPORT VERSION     ==>                PRINTED REPORTS ==>    <- ENTER Y/N
REPORT STATUS      ==>                DISPLAYED REPORTS ==>    <- ENTER Y/N

FROM DATE AND TIME ==>                /              EXPIRATION DATE ==>
TO DATE AND TIME   ==>                /              ARCHIVAL DATE   ==>

DESTINATION        ==>                ROOM NUMBER      ==>
OUTPUT FORM        ==>                LOCAL PRIORITY   ==>
                                CLASS ==>

TOP SEARCH         ==>    <- ENTER Y

WITH TOC ONLY      ==>    <- ENTER Y    SELECTION ON TOC ==>    <- ENTER Y

```

VIEWING A REPORT

- Tab down to the report in the A column.
- Enter an S (Select) and press ENTER.
- (Enter a V to view different versions and press ENTER)

PF 1/13 HELP - COMMAND ==>

- REPORT INDEX - -> RINDX SS9006 ITSEOSP.EOS.RINDX.UDOO1

- REPORT DIRECTORY - USER -> OWR719 TR -> 2309 TP -> 3206092 TL -> 181889K

A-C-REPORT NAME-----FORM - REPORT DESCRIPTION -----NOTEPAD HEADER ---

HSRS-L330	LH16	SPC REVIEW DATE TICKLER
HSRS-L800	LH28	SPC PROV WAIVER CLIENTS UNIT RPT
HSRS-L810	LH29	WORKER WAIVER CLIENT UNITS SUM
HSRS-L253	LH13	ALPHABETIC SPC PROVIDER RPT
HSRS-L300	LHBG	LTS UNITS AND COSTS SUMMARY CY
HSRS-L103	LH03	TARGET GROUP BY SPC SERVICE SUMM
HSRS-S002	LH92	HSRS-MTHEND02 - PW0089CJ
HSRS-L502	LH19	JUDICIAL/ADMINIS REVIEW TICKLER
HSRS-S004	LH94	HSRS-MTHEND04 - PW0089EJ
HSRS-S003	LH93	HSRS-MTHEND03 - PW0089DJ
HSRS-S011	LHAB	HSRS-MTHEND11 - PW0089LJ
HSRS-L910	LH31	WORKER COMBINED UNITS RPT
HSRS-L533	LH22	MONTHLY WORKER CSC SUMMARY
HSRS-L534	LH23	MONTHLY AGENCY CSC SUMMARY
HSRS-L700	LH26	SPC PROVIDER COP UNITS REPORT
HSRS-L710	LH27	WORKER COP UNITS SUMMARY
HSRS-L220	LH08	CASE REVIEW DATE TICKLER
HSRS-L104	LH04	SPC BY TARGET GROUP SERVICE SUMM
HSRS-L400	LH17	SPC PROVIDER SERVICE SUMMARY
HSRS-L532	LH21	ANNUAL AGENCY CSC SUMMARY

MOVING AROUND THE REPORT

The screen will display only 20 lines and 80 characters of each line at one time. The reports contain 132 characters per line and as many lines as are needed. To bring different parts of the report to the screen use the following keys:

- F11 to look at the right side of the report
- F10 to move back to the left side
- F8 to move forward (down) in the report
- F7 to move backward (up) in the report
- m, F8 to move to bottom of report
- m, F7 to move to top of report

To find a specific person type F JOHN (find John) in COMMAND and enter, where JOHN is the value you are searching for. (This example will find all Johns as well as Johnsons.) You may also use ID or episode code (or portions of them) in the command. If you wish to continue looking for more occurrences of your search value, press the F5 key.

The number of pages appears at the upper right. To go to a specific page enter P9, where 9 is the page number you wish to go to.

PRINTING THE REPORT LOCALLY

- From the report list, Type P (print) in the A column next to the report you wish to print..
- The following screen will be displayed:

```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSEOSP. EOS. RINDX. UDO01
-SINGLE EXTRACT MENU (1)  USER-> PWR719
  REPORT NAME -> HSR5-L230      TOTAL PAGES-> 40848   TOTAL LINES-> 1864684

TECHNI QUE           ==> Q <----- /Q(D. QUEUING)

                                PAGE FORMAT ==> LH09
                                OUTPUT LI MI T ==>

                                -FOR PARTIAL EXTRACT REQUEST ONLY-
FROM/TO LINE(S) ==>
FROM/TO LINE(S) ==>
```

- Tab down to the FROM/TO line(s).
- Enter the pages you wish to print. Example: p5, p8 will print pages 5 through 8.
- Press ENTER.
- The following screen will be displayed:

```

PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RI NDX      SSR014 ITSEOSP. EOS. RI NDX. UD001
-SINGLE EXTRACT MENU (2)  USER-> PWR719
  REPORT NAME -> HSR5-L230      TOTAL PAGES-> 2      TOTAL LINES->
----- EXTRACTION REQUESTED FOR SYSTEM PRINTER (VIA DIRECT QUEUING) -----
  Y/YES ON THE COMMAND LINE TO CONFIRM END OF INPUT, C/CAN/CANCEL TO ABORT.
PRINT FORMAT (REP/SEP) ==>      /

DEST          ==> u9999          OUTPUT CLASS ==> a
FORM          ==>                WRITER NAME ==>
COPIES ==>                FCB ==>                UCS ==>

OUTPUT REFERENCES ==>      /      /      /

HEADER LINES                                SEPARATOR NUMBER
  1 ==> PWR719                                USER (TOP/BOT) ==> 0 / 0
  2 ==> SOS DESK                              REPORT (TOP/BOT) ==> 0 / 0
  3 ==> HFS                                  WITH PACKET INDEX ==> N
  4 ==>                                      DELETE AFTER EXTRACT ==> N
  5 ==> 6-9198**518
LASER PRINTER -----> NONE

```

- Enter the printer address in DEST (destination) which must be a U followed by four digits.
- Enter A in OUTPUT CLASS.
- The total number of pages will be listed on the top center.
- If the request is incorrect, enter C to cancel.
- The following screen will be displayed:

```

PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RI NDX      SSR014 ITSEOSP. EOS. RI NDX. UD001
-PRINT/EXTRACT RESULT-      USER-> PWR719

***** EXTRACT CANCELLED *****

```

- Press F3 again and redo the request.
- If the request is correct, enter a Y on the COMMAND line.
- Press ENTER.
- The following screen will be displayed:

```

PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RI NDX      SSR014 I TSEOSP. EOS. RI NDX. UD001
-PRINT/EXTRACT RESULT-      USER-> PWR719

***** EXTRACTION REQUESTED (VIA DIRECT QUEUING) *****

JOB NAME      ---> EOSP      JOBID      ---> STC30068
QUEUED AT : 09.13.51 05/21/03 (03141) TO SERVICE EXTRACT REQUEST.

```

- The data will then print.
- To exit, press F3.

SIGNING OFF OF EOS

- Continue to press the F3 key until you are signed off.

VIEWING PROVIDER NUMBERS

To quickly get to your specific county provider numbers, after retrieving the report, type F 22NNNN, where 22 is the provider type for foster homes and NNNN is your reporting unit code. This will take you to the first occurrence of a foster home in your agency. (You must press the F5 key until your agency's numbers come up.) You may use the following provider types, followed by your reporting agency ID, to get your agency's providers numbers:

Foster Home	22NNNN
Adult Family Home	36NNNN
Adult Day Care	43NNNN
ICF-MR Facility	40NNNN
Supportive Home Care	70, 71, OR 72NNNN
Child Day Care	76, 77, 78, 79, OR 80NNNN
Nursing Home	86NNNN
Approved Ancillary Services	88NNNN
Other	89NNNN

X. HSRS MAIN MENU

99/99/99 08:30:55	Human Services Reporting System Main Menu	xxxxxxx PW0800
HSRS ENTRY MENU		
01--CORE CLIENT ENTRY MENU	A1--AODA ENTRY MENU	
02--HSRS INQUIRY MENU	AA--FULL CLIENT PRINT	
03--CSC / ADOPTIONS MENU	SE--SUPPORTED EMPLOYMENT MENU	
05--LOCAL REPORTS MENU	MH--MENTAL HEALTH MENU	
07--CLIENT DELETIONS MENU	67--BIRTH TO THREE MENU	
09--FAMILY SUPPORT MENU	LT--LONG TERM SUPPORT MENU	
21--HSRS GENERAL MENU		
MAKE SELECTION AND PRESS ENTER: __		

MAIN MENU

XI. CORE SCREENS

06/13/05 12: 35: 05	Human Services Reporting System Client Entry Menu	999999 PW0801
<p>HSRS ENTRY MENU</p> <p>11--CLIENT REGISTRATION N/U/I 14--CLIENT SERVICES NEW-E/U 15--MULTIPLE CLIENT SERVICE UNITS ENTRY</p> <p>MAKE SELECTION AND PRESS ENTER: __</p> <p>Depress PF10 to return to HSRS Main Menu</p>		

CORE MENU

06/07/05 13: 12: 44	Human Services Reporting System HSRS INQUIRY MENU	xxxxxx PW0802		
<table border="0"> <tr> <td style="vertical-align: top;"> <p>CORE</p> <p>11--CLIENT REGISTRATION 86--CORE SERVICES</p> <p>CSC</p> <p>33--CSC PAYMENTS 37--CSC HISTORY 86--CSC SERVICES 88--CSC REGISTRATION + FISCAL LTS</p> <p>L1--LTS REGISTRATION L2--LTS SERVICES L3--LTS MULTIPLE SERVICES/COSTS MENTAL HEALTH</p> <p>M1--MH REGISTRATION M2--MH SERVICES M4--CONSUMER STATUS</p> </td> <td style="vertical-align: top;"> <p>FAMILY SUPPORT</p> <p>94--FSP REGISTRATION 96--FSP SERVICES 98--SERVICES EXPENDITURES AODA</p> <p>A3--AODA REGISTRATION A5--AODA SERVICES ADOPTIONS</p> <p>B1--ADOPTIONS REGISTRATION B2--ADOPTIONS FINALIZATION SUPPORTED EMPLOYMENT</p> <p>S1--SE REGISTRATION S2--SE JOB INFORMATION S3--1 MONTH SEMI-ANNUAL REPORT BIRTH TO THREE</p> <p>68--BIRTH TO THREE REGISTRATION 69--BIRTH TO THREE SERVICES</p> </td> </tr> </table> <p>MAKE SELECTION AND PRESS ENTER: __</p> <p>PF10 - MAIN MENU</p>			<p>CORE</p> <p>11--CLIENT REGISTRATION 86--CORE SERVICES</p> <p>CSC</p> <p>33--CSC PAYMENTS 37--CSC HISTORY 86--CSC SERVICES 88--CSC REGISTRATION + FISCAL LTS</p> <p>L1--LTS REGISTRATION L2--LTS SERVICES L3--LTS MULTIPLE SERVICES/COSTS MENTAL HEALTH</p> <p>M1--MH REGISTRATION M2--MH SERVICES M4--CONSUMER STATUS</p>	<p>FAMILY SUPPORT</p> <p>94--FSP REGISTRATION 96--FSP SERVICES 98--SERVICES EXPENDITURES AODA</p> <p>A3--AODA REGISTRATION A5--AODA SERVICES ADOPTIONS</p> <p>B1--ADOPTIONS REGISTRATION B2--ADOPTIONS FINALIZATION SUPPORTED EMPLOYMENT</p> <p>S1--SE REGISTRATION S2--SE JOB INFORMATION S3--1 MONTH SEMI-ANNUAL REPORT BIRTH TO THREE</p> <p>68--BIRTH TO THREE REGISTRATION 69--BIRTH TO THREE SERVICES</p>
<p>CORE</p> <p>11--CLIENT REGISTRATION 86--CORE SERVICES</p> <p>CSC</p> <p>33--CSC PAYMENTS 37--CSC HISTORY 86--CSC SERVICES 88--CSC REGISTRATION + FISCAL LTS</p> <p>L1--LTS REGISTRATION L2--LTS SERVICES L3--LTS MULTIPLE SERVICES/COSTS MENTAL HEALTH</p> <p>M1--MH REGISTRATION M2--MH SERVICES M4--CONSUMER STATUS</p>	<p>FAMILY SUPPORT</p> <p>94--FSP REGISTRATION 96--FSP SERVICES 98--SERVICES EXPENDITURES AODA</p> <p>A3--AODA REGISTRATION A5--AODA SERVICES ADOPTIONS</p> <p>B1--ADOPTIONS REGISTRATION B2--ADOPTIONS FINALIZATION SUPPORTED EMPLOYMENT</p> <p>S1--SE REGISTRATION S2--SE JOB INFORMATION S3--1 MONTH SEMI-ANNUAL REPORT BIRTH TO THREE</p> <p>68--BIRTH TO THREE REGISTRATION 69--BIRTH TO THREE SERVICES</p>			

INQUIRY MENU

06/13/05	Human Services Reporting System	9999999
12: 40: 43	CORE CLIENT REGISTRATION	PW0811
SCREEN 11 TRANS TYPE _ (N/U/I)	WORKER ID*: _____	
	SSN*: _____	
CLIENT ID: _____	MODULE KEY: _____	
NAME LAST _____	FIRST _____	
MIDDLE _____	SUFFIX _____	
BIRTHDATE: __ / __ / ____ SEX: _ HI SP(Y/N): _ RACE: _____		
CLIENT CHAR: _____		
***** OPTIONAL DATA *****		
STREET: _____		
CITY: _____		
STATE: _____	ZIP: _____	COUNTY: _____
START DATE: _____	TEL NO: _____	NEXT REVIEW DATE: _____
DIAGNOSIS: _____	CLOSING DATE: _____	
CLOSING REASON: _____	FAMILY ID: _____	
LOCAL TEXT: _____		
PF1 - ENTRY MENU	PF5 - PRINT	PF8 - NEXT SCREEN _____
		CLIENT PRINT _____

SCREEN 11

CORE REGISTRATION

Use to enter, update or inquire registration information

NOTES

When you register a client, the program checks to see if a client with an identical name, birthdate, and sex exists on the system. If the only difference between what is recorded on the system and what you are trying to register is a middle name or a suffix, you will get the following warning upon pressing Enter: "CLIENT MAY ALREADY EXIST ON HSRs; MUST PRESS PA1 FOR NAME INQUIRY." When you get to Screen 62 you will see all clients established for your agency with identical first and last names, birthdates, and sexes, together with their IDs.

If you find the client you are trying to enter on the name search screen (62), enter an X in the Select column next to that client's name and 11 in the Next Screen field. Press Enter. The same screen will be returned with the client you have selected. Press the Page Up key to go to screen 11 with the information. You can now register the client as is, or if you choose, you can remove the name, birthdate, sex, and ethnic code but leave the ID in. You must enter the Client Characteristics. If an open Core episode exists for the client, you will receive a message rejecting your entry.

SCREEN 11

CORE REGISTRATION NEW (continued)

If the clients you see on Screen 62 with the same name, birthdate, and sex do not include the client you are trying to register, enter an X next to any client, enter 11 in the Next Screen field and press Enter. The return screen will display the name. Press Page Up to go to screen 11. Screen 11 returns with the information for the client from Screen 61. This information must be changed to your new client's information. To do so remove the ID and add (or remove) middle name and/or suffix and add Hispanic, Race codes and Client Characteristics. When you press Enter you will receive a new ID for this new client. YOU MUST follow this procedure via the Next Screen Function in order to get to Screen 11. If you go directly to Screen 11 the program will send you to Screen 61 again.

This edit also applies to Screens 25, 59, A3, S1, M1, 68, and L1.

Enter zeros to remove the middle name or suffix.

99/99/99
10:10:11

Human Services Reporting System
CORE SERVICES NEW AND UPDATE

xxxxxxx
PW0814

SCREEN 14

WORKER ID*: _____
MA/SSN: _____

MODULE KEY: _____

PGM NO	SPC CODE	TAR GRP	UNIT DAYS*	OTHER UNIT*	DELVY MM*YYYY	SPC* START-DT MMDDYYYY	SPC* END-DT MMDDYYYY	PROVI DER NUMBER*	NEXT* REV-DT MM*YYYY
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—

NEXT SCREEN ____

PF1 - CLIENT ENTRY MENU

PF5 - PRINT

PF8 - CLIENT PRINT

*Denotes optional data field

DELIVERY DATE DEFAULTS TO CURRENT MM/YYYY UNLESS KEYED DIFFERENTLY

SCREEN 14

CORE SERVICES

Use to enter or update services.

NOTES

MODULE KEY - Required

PROGRAM NUMBER - Enter program number if already generated.

SPC CODE - Enter SPC to generate a new service.

UNIT DAYS - Three whole number places are provided. Example: 28 days = 28. This field is right-justified which means you do not have to zero fill the number.

CHANGING UNITS TOTAL FOR A GIVEN MONTH

If units are already entered for an SPC or Cluster for a given month, when you enter a different number of units for this program number for the same month on Screen 14, the new entry will REPLACE the old number of units. Use this method to error correct or update the actual total provided during a given month.

ADDING UNITS FOR A NEW MONTH

To add units for the same program but for a different month, enter the month (and year) for which you are entering the units and the number of units.

The system will both keep track of the number of units provided in a program for each month, and keep a cumulative count for the year to date. Thus, when viewing a services inquiry, the number of units shown will be the total number of units provided under this program for the year-to-date unless inquiry is requested for a specific month and/or year. In sum, units cannot be added to a given month - the new entry replaces the number.

SCREEN 14

CORE SERVICES (continued)

OTHER UNITS -

Three whole numbers plus two decimal places are provided. Example: 22.75.
Do not enter the decimal point.

This field is right-justified which means you do not have to zero fill the number.

The same procedures apply for changing units or adding units as noted above
under UNIT DAYS.

DELIVERY MM/YYYY - Enter only if different than current month and year. It is important to key this
information when entering data after the end of the year for the previous year.

99/99/99
10: 18: 58

Human Services Reporting System
HSRS CORE UNITS REPORTING

xxxxxxx
PW0815

SCREEN 15

DELIVERY MM/YYYY _ _ _ _

EPI SODE	PGM KEY	UNIT DAYS	OTHER UNITS	DELIV MM--YYYY	SPC-END-DT MMDDYYYY	EPSD-END-DT MMDDYYYY
_____	__	__	__	__	_____	_____
_____	__	__	__	__	_____	_____
_____	__	__	__	__	_____	_____
_____	__	__	__	__	_____	_____
_____	__	__	__	__	_____	_____
_____	__	__	__	__	_____	_____
_____	__	__	__	__	_____	_____
_____	__	__	__	__	_____	_____
_____	__	__	__	__	_____	_____

PF5 - PRINT

PF10 TO RETURN TO MAIN MENU

NEXT SCREEN

SCREEN 15

CORE UNITS REPORTING

Use to enter units for several Core clients/episodes on the same screen.

NOTES

DELIVERY MM/YYYY – Enter the delivery month and year at the top of the screen. If units for different months are entered on this screen, enter the delivery month and year in the middle field -DELIV MM/YYYY. The date entered on the strip (middle field) will override the date entered at the top of the screen.

EPIISODE – When making multiple entries for the same episode, you do not need to repeat the episode key on each line. Simply enter the episode key on the first entry line, then enter a quotation mark (") under that episode key for each entry for this episode. This will eliminate the need to key the eight character episode key for each entry.

SPC END DT – Enter the SPC End Date only if you wish to close the service.

99/99/99
10: 49: 44

Human Services Reporting System
SERVICES INQUIRY

xxxxxxx
PW0886

SCREEN 86

EPISODE KEY: _____

*DELVY: ____ AGENCY ID: ____
MM YYYY

**NEXT SCREEN ____

Depress ENTER - Process Query PF2 - Client Inquiry Menu
PF8 - ID Inquiry PF9 - Episode Inquiry PF10 - Exit
*Defaults to current year unless keyed differently
**Leave next screen BLANK to select SPC on SCREEN 87

04/21/04
09: 45: 24
SCREEN 87
CLIENT ID: _____

Human Services Reporting System
SERVICES INQUIRY

xxxxxxx
PW0887

EPISODE CODE: _____ MODULE TYPE: _____
WORKER ID: _____

NAME: _____

SEL	PGM	SPC	TAR	UNIT	OTHER	DELVY	SPC*	SPC*	PROVI	NEXT*
	NO	CODE	GRP	DAYS*	UNIT*	MM*YYYY	START-DT	END-DT	DER	REV-DT
							MMDDYYYY	MMDDYYYY	NUMBER*	MM*YYYY
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-

PF2 - INQUIRY MENU PF5 - PRINT PF8 - ID INQUIRY
PF9 - EPISODE INQUIRY PF10 - EXIT

NEXT SCREEN: ____

SCREEN 86
SCREEN 87

CLIENT SERVICES INQUIRY BY EPISODE KEY

Enter episode Key on Screen 86 to view all services entered for that episode on Screen 87 (both active and closed). Entry of Delivery Month and Year will cause units for that month/year to be displayed. If no date is entered, the current year's units are shown. If only a year is entered, all units for that year are shown.

NOTES

SEL SPC - Key an X in the select SPC column to view or update a specific service; also key in a Next Screen number. Press Enter key. Press the Page Up key. The selected service will move forward to the chosen next Screen. A maximum of 4 SPCs per Screen can be moved forward using this function.

XII. GENERAL AND INQUIRY MENUS

99/99/99 14: 00: 29	Human Services Reporting System HSRS GENERAL MENU	xxxxxxx PW0821
 05--LOCAL REPORTS MENU INQUIRY 18--CSC/FSP/AODA/MH/B3/LTS OPTIONAL DATA 23--WORKER FILE INQUIRY/UPDATE W1--WORKER NAME INQUIRY 46--EPISODE/MODULE TYPE LIST 61--CLIENT NAME SEARCH INQUIRY P1--PROVIDER FILE INQUIRY AA--FULL CLIENT PRINT MAKE SELECTION AND PRESS ENTER: __ PF10 - MAIN MENU _____		

GENERAL MENU

06/07/05 13: 12: 44	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table border="0"><tr><td>CORE</td><td>FAMILY SUPPORT</td></tr><tr><td>11--CLIENT REGISTRATION</td><td>94--FSP REGISTRATION</td></tr><tr><td>86--CORE SERVICES</td><td>96--FSP SERVICES</td></tr><tr><td></td><td>98--SERVICES EXPENDITURES</td></tr><tr><td>CSC</td><td>AODA</td></tr><tr><td>33--CSC PAYMENTS</td><td>A3--AODA REGISTRATION</td></tr><tr><td>37--CSC HISTORY</td><td>A5--AODA SERVICES</td></tr><tr><td>86--CSC SERVICES</td><td>ADOPTIONS</td></tr><tr><td>88--CSC REGISTRATION + FISCAL</td><td>B1--ADOPTIONS REGISTRATION</td></tr><tr><td>LTS</td><td>B2--ADOPTIONS FINALIZATION</td></tr><tr><td>L1--LTS REGISTRATION</td><td>SUPPORTED EMPLOYMENT</td></tr><tr><td>L2--LTS SERVICES</td><td>S1--SE REGISTRATION</td></tr><tr><td>L3--LTS MULTIPLE SERVICES/COSTS</td><td>S2--SE JOB INFORMATION</td></tr><tr><td>MENTAL HEALTH</td><td>S3--1 MONTH SEMI-ANNUAL REPORT</td></tr><tr><td>M1--MH REGISTRATION</td><td>BIRTH TO THREE</td></tr><tr><td>M2--MH SERVICES</td><td>68--BIRTH TO THREE REGISTRATION</td></tr><tr><td>M4--CONSUMER STATUS</td><td>69--BIRTH TO THREE SERVICES</td></tr></table> MAKE SELECTION AND PRESS ENTER: __ PF10 - MAIN MENU _____			CORE	FAMILY SUPPORT	11--CLIENT REGISTRATION	94--FSP REGISTRATION	86--CORE SERVICES	96--FSP SERVICES		98--SERVICES EXPENDITURES	CSC	AODA	33--CSC PAYMENTS	A3--AODA REGISTRATION	37--CSC HISTORY	A5--AODA SERVICES	86--CSC SERVICES	ADOPTIONS	88--CSC REGISTRATION + FISCAL	B1--ADOPTIONS REGISTRATION	LTS	B2--ADOPTIONS FINALIZATION	L1--LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2--LTS SERVICES	S1--SE REGISTRATION	L3--LTS MULTIPLE SERVICES/COSTS	S2--SE JOB INFORMATION	MENTAL HEALTH	S3--1 MONTH SEMI-ANNUAL REPORT	M1--MH REGISTRATION	BIRTH TO THREE	M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION	M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES
CORE	FAMILY SUPPORT																																			
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LTS	B2--ADOPTIONS FINALIZATION																																			
L1--LTS REGISTRATION	SUPPORTED EMPLOYMENT																																			
L2--LTS SERVICES	S1--SE REGISTRATION																																			
L3--LTS MULTIPLE SERVICES/COSTS	S2--SE JOB INFORMATION																																			
MENTAL HEALTH	S3--1 MONTH SEMI-ANNUAL REPORT																																			
M1--MH REGISTRATION	BIRTH TO THREE																																			
M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION																																			
M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES																																			

INQUIRY MENU

Inquiry screens can be found in each individual module section.

99/99/99
14:02:00

Human Services Reporting System
LOCAL REPORTS MENU INQUIRY

xxxxxxx
PW0805

SCREEN 05

REPORTING UNIT ____

Depress ENTER - Process Query PF2 - Client Inquiry Menu PF10 - EXIT

99/99/99
14:04:12

Human Services Reporting System
LOCAL REPORTS MENU

xxxxxxx
PW0808

SCREEN 08

REPORTING UNIT: ____

TRAN CODE A, C OR D	REPORT NUMBER	MONTHLY/ QUARTERLY	PRINT COPIES	MI CROFI CHE COPIES
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-
-	_____	-	-	-

PF2 - CLIENT INQUIRY MENU PF5 - PRINT PF10 - EXIT

SCREEN 05
SCREEN 08

LOCAL REPORTS MENU

Enter reporting unit number on Screen 05 to view list of output reports received by agency on Screen 08. Use to add, change, or delete output reports received by the agency.

NOTES

TRAN CODE - Transaction Code types are A = Add, C = Change, D = Delete

REPORT NUMBER - Enter four digit report number. See Appendix B of the HSRS Handbook for report numbers.

MONTHLY/QUARTERLY - Enter an M to receive the report monthly, or a Q to receive it quarterly.

PRINT COPIES AND MICROFICHE COPIES - Enter a one digit number up to eight.

Requested reports are automatically available on EOS on the first day of each month.

04/21/04 Human Services Reporting System xxxxxx
09:48:02 CSC/FSP/AODA/MH/B3/LTS/SE OPTIONAL ELEMENTS ENTRY PW0818

SCREEN 18
MODULE KEY: _____ CLIENT ID ____ - ____ - ____ - ____ WORKER ID _____
NAME _____

* * * * * OPTIONAL DATA * * * * *

ADDRESS:
STREET: _____
CITY: _____
STATE: ____ ZIP: ____ COUNTY: ____
TEL NO: ____

NEXT REVIEW DATE: _____ DIAGNOSIS: _____
FAMILY ID: _____ LOCAL TEXT: _____

PF5 - PRINT PF8 - FULL CLIENT PRINT PF9 - REFRESH SCREEN PF10 - MAIN MENU
Enter MODULE KEY only, for display of current data

SCREEN 18 CSC/FSP/AODA/SE/MH/B3/LTS OPTIONAL ELEMENTS ENTRY/INQUIRY

Use to enter optional data elements for module clients.

NOTES

Enter Module Key and press enter to view current data.
Enter zeros to remove data.

99/99/99
10: 40: 22

Human Services Reporting System
HSRS WORKER DATA SCREEN

xxxxxxx
PW0823

SCREEN 23

TRAN-CODE: _ (A=ADD, C=CHG, D=DEL, BLANK=QUERY)

WORKER NUMBER _____
LAST NAME _____
FIRST NAME _____
MIDDLE INITIAL* _
SUFFIX* _____
SUPVISR/UNIT-CODE* _____

Add requires Tran-Code, Worker-Number, First-Name and Last-Name
For Delete or Query enter only Tran-Code and Worker-Number
Change requires Tran-Code, Worker-Number and change data

PF5 - PRINT PF10 TO RETURN TO MAIN MENU * Denotes optional data

SCREEN 23

WORKER NUMBER ENTRY AND INQUIRY

Use to add, change, delete, or query HSRS worker numbers.

99/99/99
10: 44: 46

Human Services Reporting System
WORKER NAME INQUIRY

xxxxxxx
PWO8W1

SCREEN W1

WORKER LAST NAME : _____

*FIRST NAME : _____

AGENCY ID : _____

*OPTIONAL FIELD PF10 - MAIN MENU

99/99/99
10: 46: 29
SCREEN W2

Human Services Reporting System
WORKER NAME INQUIRY

xxxxxxx
PWO8W2

SEARCH LAST NAME FIRST AGENCY

RESULT	LAST NAME	FIRST	AGENCY	WORKER ID
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____
-	_____	_____	_____	_____

NEXT SCREEN _____

PF5 - PRINT

PF8 - WRK NAME INQUIRY

PF10 - MAIN MENU

SCREEN W1
SCREEN W2

WORKER NAME INQUIRY

Use partial or full worker name on Screen W1 to view worker ID number on Screen W2.

NOTES

The minimum requirement for the search is the first two letters of the last name. Type an asterisk (*) at the point of the truncated name.

99/99/99 11: 06: 03	Human Services Reporting System EPI SODE/MODULE TYPE LIST INQUIRY	xxxxxxx PW0846
SCREEN 46		
CLIENT ID : _____		
		NEXT SCREEN ____
PF10 - MAIN MENU		

04/21/04 09: 50: 09	Human Services Reporting System EPI SODE/MODULE TYPE LIST INQUIRY	xxxxxxx PW0847
SCREEN 47		
CLIENT ID _____		
NAME _____		
SELECT EPD	EPI SODE KEY	MODULE
ORIGIN DATE	START DATE	END DATE
WORKER ID	AGENCY ID	
-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____
-	_____	_____
		NEXT SCREEN ____
PF5 - PRINT PF8 - EPD LIST INQUIRY PF10 - MAIN MENU		

SCREEN 46
SCREEN 47

EPI SODE/MODULE TYPE LIST INQUIRY

Enter the Client ID number on Screen 46 to view all episodes associated with a client, both opened and closed for all modules on Screen 47.

NOTES

SELECT EPD -

To inquire one of the episodes, move the cursor to the chosen episode in the Select Episode field and type X. Then, enter the Next Screen of your choice in the lower right-hand corner.

SCREEN 46 & 47

EPISODE/MODULE TYPE LIST INQUIRY (continued)

If you have entered it on the previous Screen 46, make sure it is the screen you want to see next. Press enter. You will see a listing on Screen 47 showing only the episode you have selected. Press the Page Up key and the next screen of your choice with the client's data carried forward will be displayed.

In selecting a Next Screen, you can move to all inquiry, update, error correct, and deletions screens.

ORIGINATION DATE –

The date the information was keyed into the system.

99/99/99
11: 01: 39

Human Services Reporting System
CLIENT NAME SEARCH INQUIRY

xxxxxxx
PW0861

SCREEN 61

CLIENT LAST NAME : _____

FIRST NAME : _____

AGENCY ID : _____

PF10 - MAIN MENU

SCREEN 61

CLIENT NAME SEARCH INQUIRY

Use to locate names and client ID numbers previously entered. The information will appear on Screen 62.

NOTES

Enter the client information available. If there is uncertainty about the name, enter only the beginning letters of the last and first name. Type an asterisk (*) at the points of the truncated name. For example, if you are not sure whether the last name is Smith or Smythe, type Sm*. The minimum requirement for the search is at least the first two letters of the last name. Use the Client Name Search to avoid entering duplicate clients.

99/99/99
11:04:14
SCREEN 62

Human Services Reporting System
CLIENT NAME SEARCH INQUIRY

xxxxxxx
PW0862

SEARCH	CLIENT LAST NAME	FIRST	MI	SUF	BIRTHDATE	SEX	RU	CLIENT ID

RESULT								
-			-					
-			-					
-			-					
-			-					
-			-					
-			-					
-			-					
-			-					
-			-					
-			-					
-			-					
-			-					
							NEXT	SCREEN

PF10 - MAIN MENU PF8 - CLT NAME INQUIRY

SCREEN 62

CLIENT NAME SEARCH INQUIRY (DISPLAY)

This Screen is displayed after a Client Name Search Inquiry is made. Screen 62 will return up to twelve names that meet the description entered on Screen 61. If more than twelve names meet the description, you will be asked to press Enter in order to view more names. If no names match the description, a message will indicate that.

NOTES

SEARCH RESULT -

If you wish to further inquire a specific client that the search located, or to enter data, place an X in the Search Result column on the left-hand side of the Screen, and the number of the next Screen you would like to go to in the Next Screen field on the lower right-hand side. Press enter. You will see a listing on Screen 62 showing only the client you have selected. Press the Page Up key and the next Screen of your choice with the client's data carried forward will be displayed.

99/99/99
11:13:44
SCREEN P1

Human Services Reporting System
PROVIDER INQUIRY

xxxxxxx
PW08P1

PROVIDER NUMBER: _____ PROVIDER TYPE: ____

COUNTY CODE: ____ enter WI for state search

PROVIDER NAME 1: _____

PROVIDER NAME 2: _____

NOTE: enter an * in name fields to represent
an unknown letter or at the end of the
name or provider number for a partial
search of those fields.

PF2 - INQUIRY MENU PF5 - PRINT PF9 - REFRESH SCREEN PF10 - MAIN MENU

99/99/99
11:15:29
SCREEN P2

Human Services Reporting System
PROVIDER INQUIRY LIST

xxxxxxx
PW08P2

	PROVIDER NUMBER	PROV TYPE	CTY CODE	PROVIDER NAME1	PROVIDER NAME2
SEARCH	_____	____	____	_____	_____
SEL	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____
-	_____	____	____	_____	_____

PF2: INQ MENU PF5: PRINT PF8: BACK PF9: ENTRY (P1) PF10: MAIN MENU

SCREEN P1
SCREEN P2

PROVIDER NUMBER INQUIRY
PROVIDER NUMBER INQUIRY LIST

Use to inquire provider information by:
- number,
- provider type,
- name, or
- county

Enter information on Screen P1 and Screen P2 will return with the
provider listing.

PROVIDER NUMBER INQUIRY SCREENS P1 AND P2 (continued)

NOTES

Wild cards can be used as unknown values in the provider inquiry. There are two wild cards for Screen P1:

- an asterisk (*) is used for a ONE position wild card and
- a percent sign (%) is used for a MANY position wild card.

These wild cards can be used in any fields on Screen P1.

COUNTY CODE - County code will default to the inquiring agency's code unless
(P1) otherwise indicated. WI can be entered for a statewide search, but this can return many names and should be used only when appropriate.

SEARCH SEL - If you want additional information on one of the providers displayed
(P2) on P2, move the cursor to the chosen provider in the Search Select field, type X, and press enter. Screen 91A will be returned with detailed information about the chosen provider.

SOME EXAMPLES:

1. Search for a provider number with "luth" in the name. On Screen P1 enter %luth% on the Provider Name 1 line and press enter. Screen P2 will return with a list of providers that fit that description. (If you need more data on one provider, put an X in the Search Select column on the left and press enter. Screen 91A will return with all data about that provider.)
2. Partial provider number search. You may search for provider numbers if you only know a few digits of the number.
3. Search for all providers in a specific type category such as Adult Family Home--type 36. On Screen P1 enter a 36 in Provider Type. Screen P2 will return with all Adult Family Homes within your county or the county code you entered.

99/99/99 11:17:51	Human Services Reporting System PROVIDER FILE	xxxxxxx PW0891A
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SCREEN 91(A)

PROVIDER NUMBER _____	
FACILITY NAME _____	
OPERATOR(S)/PARENT ORG _____	
ADDRESS _____	
CITY _____	
ZIP CODE _____	
COUNTY _____	
PROVIDER TYPE _____	
LICENSE _____	
LIC AGENCY NAME _____	
REQUESTING AGENCY RU _____	BOARD OP FAC _____
CURRENT MONTHLY RATE _____	PREV MONTHLY RATE _____
CURRENT DAILY RATE _____	PREV DAILY RATE _____
ACTIVE PROV IND _____	EFFECTIVE DATE _____
DATE KEYED _____	

Press ENTER for second page of Screen 91.

99/99/99 11:19:40	Human Services Reporting System PROVIDER FILE	xxxxxxx PW0891B
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SCREEN 91(B)

FOSTER FAMILY STRUCTURE _	
FIRST FOSTER CARETAKER:	
BIRTH YEAR _____	
HISP(Y/N) _____	
RACE _____	
SECOND FOSTER CARETAKER:	
BIRTH YEAR _____	
HISP(Y/N) _____	
RACE _____	

PF2 - INQUIRY MENU	PF5 - PRINT	PF9 - REFRESH SCREEN	PF10 - MAIN MENU
--------------------	-------------	----------------------	------------------

SCREEN 91A
SCREEN 91B

PROVIDER FILE INQUIRY

Screens 91A and 91B will return with information about a specific provider when a selection is made on Screen P2.

NOTES

Screen 91A - Do NOT use (P) F keys on Screen 91A. Pressing ENTER transfers you to Screen 91B.

SCREEN 91B –

If a (P)F key was mistakenly used on Screen 91A, use the ENTER key on Screen 91B to exit.

If a (P)F key was used on both Screens 91A and 91B, one of the following messages will appear: PROGRAM FUNCTION KEY LITERAL ALLOWED ONLY ONE PER MESSAGE, or INPUT MUST BEGIN FROM FIRST PHYSICAL PAGE. Press the PAUSE key and reenter /for W0800o1.

FULL CLIENT PRINT SCREEN

99/99/99 11: 22: 54 SCREEN AA	Human Services Reporting System HSRS Full Client Print Entry	xxxxxxx PW08AA
-------------------------------------	---	-------------------

CLIENT ID: _____		*YEAR: _____	
------------------	--	--------------	--

- COR	-	CSC	-	ADOP
- COP	-	FSP	-	SE
- MA	-	AODA	-	LTS
- B3	-	MH	-	
- ALL MODULES				

- **ALL EPI SODES WITHIN MODULE(S)

AGENCY: _____ (MIS section + REGIONAL OFFICES only)

*Specifies year for which units/costs will be shown.
 If no year is entered total units/costs (ALL years) will be printed.
 **IF NOT selected then ONLY the most current episode per module is displayed.
 # Module unavailable at this time

ENTER - PROCESS QUERY PF2 - INQUIRY MENU PF9 - REFRESH SCREEN
 PF10 - MAIN MENU

04/21/04 11: 16: 55 SCREEN BB CLIENT ID: _____ NAME: _____	Human Services Reporting System HSRS Full Client Print	xxxxxxx PW08BB
--	---	-------------------

- PRINT ALL EPI SODES DISPLAYED

MODTYPE	SEL	EPI SODE	START DATE	END DATE	SEL	EPI SODE	START DATE	END DATE
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____
_____	-	_____	_____	_____	-	_____	_____	_____

PF2 - INQUIRY MENU PF5 - PRINT PF9 - ENTRY SCREEN AA PF10 - MAIN MENU

SCREEN AA
SCREEN BB

FULL CLIENT PRINT ENTRY
FULL CLIENT PRINT

Enter Client ID and an X next to the episode type on Screen AA that you wish to print. Screen BB returns. Select episode(s) you wish to print on screen BB.

FULL CLIENT PRINT

_____ Human Services Reporting System
CORE CLIENT DATA _____ PW081A

Use SCREEN 12 to Update
AGENCY ID: _____ WORKER ID: _____
MA / SSN: _____

CLIENT ID: _____ EPISODE CODE: _____

NAME: _____
BIRTHDATE: ____ / ____ / ____ SEX: ____ HISP(Y/N): ____ RACE: _____

CLIENT CHAR: _____
***** OPTIONAL DATA *****
STREET: _____
CITY: _____
STATE: _____ ZIP: _____ COUNTY: _____ TEL NO: _____
START DATE: _____ NEXT REVIEW DATE: _____
DIAGNOSIS: _____ CLOSING DATE: _____
CLOSING REASON: _____ FAMILY ID: _____
LOCAL TEXT: _____

/ /*/* *//* *//* *//* *//* *//* *//* *//* *//* *//* *//* *//* *//* *//* *//* *//*

CORE SERVICES

Use SCREEN 14 to Update

[illegible]

XIII. FAMILY SUPPORT PROGRAM SCREENS

99/99/99 11:07:43	Human Services Reporting System Family Support Menu	99999999 PW0809
59--CLIENT REGISTRATION-NEW 78--MULTIPLE CLIENT UNITS REPORTING 79--CLIENT DATA-NEW + UPDATE 84--CLIENT REGISTRATION-UPDATE 93--CLIENT SERVICES-NEW + UPDATE		
MAKE SELECTION AND PRESS ENTER: ____		
Depress PF10 to return to HSRS Main Menu		
_____ -		

FAMILY SUPPORT MENU

06/07/05 13:12:44	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802
CORE 11--CLIENT REGISTRATION 86--CORE SERVICES CSC 33--CSC PAYMENTS 37--CSC HISTORY 86--CSC SERVICES 88--CSC REGISTRATION + FISCAL LTS L1--LTS REGISTRATION L2--LTS SERVICES L3--LTS MULTIPLE SERVICES/COSTS MENTAL HEALTH M1--MH REGISTRATION M2--MH SERVICES M4--CONSUMER STATUS	FAMILY SUPPORT 94--FSP REGISTRATION 96--FSP SERVICES 98--SERVICES EXPENDITURES AODA A3--AODA REGISTRATION A5--AODA SERVICES ADOPTIONS B1--ADOPTIONS REGISTRATION B2--ADOPTIONS FINALIZATION SUPPORTED EMPLOYMENT S1--SE REGISTRATION S2--SE JOB INFORMATION S3--1 MONTH SEMI-ANNUAL REPORT BIRTH TO THREE 68--BIRTH TO THREE REGISTRATION 69--BIRTH TO THREE SERVICES	
MAKE SELECTION AND PRESS ENTER: ____		
PF10 - MAIN MENU		

INQUIRY MENU

04/21/04 Human Services Reporting System xxxxxx
 11:18:36 FAMILY SUPPORT REGISTRATION PW0859
 SCREEN 59 TRANS TYPE N

CLIENT ID: _____ MA NUMBER / SSN: _____ *WORKER ID: _____
 NAME LAST _____ FIRST _____
 MIDDLE _____ SUFFIX _____
 BIRTHDATE: __ / __ / ____ SEX: __ HI SP(Y/N): __ RACE: ____
 MODULE KEY: _____ START DATE: _____
 END DATE : _____ CLOSING REASON: __ ALT CARE TYPE:
 (CLOSING REASON 44)
 CLIENT CHAR: __ __ __ DIAGNOSIS: _____
 PERSONAL CARE: __ MOBILITY: _____
 VERBAL SKILLS: __ COGNITIVE ABILITY: __
 EMOTIONAL / BEHAVIORAL ISSUES: __
 MEDICAL NEEDS: __ __ __ __ __
 FAMILY ID: _____ NUMBER OF CAREGIVERS: __
 ADOPTED CHILD: __ PARENTS SPECIAL NEEDS: __ __ __
 INCOME RANGE: __ FAMILY COST SHARE: _____

PF5 - PRINT PF8 - FSP MENU PF9 - REFRESH SCREEN PF10 - MAIN MENU

SCREEN 59

FAMILY SUPPORT PROGRAM CLIENT REGISTRATION - NEW

Use to enter registration information for new clients, or to reregister a closed client in the Family Support Program Module.

NOTES

- NEXT SCREEN - Next Screen is programmed to move to Screen 79. After a successful transaction message, press the Page Up key to go to Screen 79.
- REREGISTRATION - When reregistering a Family Support Program client using a valid HSRS ID, the Name/Birthdate/Sex of the client cannot be changed (from its original entry) on this screen. A new episode will be successfully opened, but a message will indicate that you must; USE 92 TO UPD HI FIELDS. (Use Screen 92 to update highlighted fields.)

99/99/99
11:11:20

Human Services Reporting System
HSRS FAMILY SUPPORT UNITS REPORTING

9999999
PW0878

SCREEN 78

DELIVERY MM/YYYY ____

EPI SODE	PGM KEY	COSTS CODE	ACTUAL COSTS	DELIVERY MM-YYYY	SPC END DATE MMDDYYYY
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____
_____	__	-	_____	__	_____

PF5 - PRINT

PF8 - FSP MENU

PF9 - REFRESH SCREEN

PF10 - MAIN MENU

SCREEN 78

FAMILY SUPPORT PROGRAM UNITS REPORTING

Use to enter costs for several FSP clients/episodes on the same screen.

NOTES

DELIVERY MM/YYYY - Enter the delivery month and year at the top of the screen. If units for different months are entered on this screen, enter the delivery month and year in the middle field - DELIV MM/YYYY. The date entered on the strip will override the date entered at the top of the screen.

EPISODE - When making multiple entries for the same episode, you do not need to repeat the episode key on each line. Simply enter the episode key on the first entry line, then enter a quotation mark (") under that episode key for each entry for this episode. This will eliminate the need to key the eight character episode key for each entry.

COSTS CODE - A = Add
S = Subtract
R = Replace

ACTUAL COSTS - Five whole numbers and two decimal places are provided. The numbers right-justify.

SPC END DT - Enter the SPC End Date only if you wish to close the service.

99/99/99
11:12:39
SCREEN 79

Human Services Reporting System
FAMILY SUPPORT CLIENT DATA NEW + UPDATE

9999999
PW0879

MODULE KEY: _____

HAS CHILD RETURNED FROM ALTERNATE CARE? _____
ALTERNATE CARE TYPE: _____

REPORTING YEAR: _____ *For initial registration use 0000

*HAS THE FAMILY CONSIDERED OUT OF HOME PLACEMENT? _

*IS THE FAMILY IN A CRISIS SITUATION? _

NEXT SCREEN ____

*Requires answer annually

PF5 - PRINT PF8 - FSP MENU PF9 - REFRESH SCREEN PF10 - MAIN MENU

SCREEN 79

FAMILY SUPPORT PROGRAM CLIENT DATA - NEW/UPDATE

Use to enter new and update client data reported in fields 26-29 of the DDE-468.

NOTES

REPORTING YEAR - For the initial registration this is prefilled with four zeros. After initial 0000 entry, enter appropriate Reporting Year.

ANNUAL REPORTING- Annual reporting is required for the two asterisked questions on this screen.

99999999
PW0884

ENTER - PROCESS PF10 - EXIT

```

SCREEN 92
CLIENT ID: _____ MA NUMBER / SSN: _____ WORKER ID: _____
NAME LAST _____ FIRST _____
MIDDLE _____ SUFFIX _____
BIRTHDATE: __ / __ / ____ SEX: __ HI SP(Y/N): _ RACE: _____
MODULE KEY: _____ START DATE: _____
END DATE : _____ CLOSING REASON: __ ALT CARE TYPE: _____
(CLOSING REASON 44)
CLIENT CHAR: __ __ __ DIAGNOSIS: _____
PERSONAL CARE: __ MOBILITY: _____
VERBAL SKILLS: __ COGNITIVE ABILITY: __
EMOTIONAL / BEHAVIORAL ISSUES: __
MEDICAL NEEDS: __ __ __ __ __
FAMILY ID: _____ NUMBER OF CAREGIVERS: __
ADOPTED CHILD: __ PARENTS SPECIAL NEEDS: __ __ __
INCOME RANGE: __ FAMILY COST SHARE: _____
NEXT SCREEN ____
PF5: PRINT PF8: FCP PF9: REFRESH PF10: MAIN MENU

```

04/21/04		Human Services Reporting System					xxxxxx	
11:22:26		RECORD EXPENDITURES FOR FAMILY SUPPORT SERVICES					PW0893	
SCREEN 93								
CLIENT ID: _____		WORKER ID: _____						
NAME: _____								
MODULE KEY: _____		NEXT REVIEW DATE: _____						
OTHER PGMS USED: AFDC _ BCPN _ SSI _ SSI-E _		KATIE BECKETT _					BIRTH - 3 _	
		VOLUNTARY RESOURCES: 1) _____						
		2) _____					TAR GRP _	
PGM NO	SUB PGM	EST* ANNUAL COSTS	COSTS CODE	ACTUAL COSTS	DELVY MM*YYYY	SERV* START DATE	SERV* END DATE	PROVI DER NUMBER*
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
SUBPROGRAM OTHER TEXT: _____								
*OPTIONAL DATA FIELD								
PF5 - PRINT		PF8 - FCP		NEXT SCREEN			PF10 - MAIN MENU	
PF9 - REFRESH SCREEN								

SCREEN 93 FAMILY SUPPORT PROGRAM SERVICES - NEW/UPDATE

Use to enter services for a client, update services information for existing clients, or to enter new services to an open or closed episode.

NOTES

OTHER PROGRAMS USED – Only one SSI program can be coded, not both.
 – Will accept numeric codes and the alpha codes of Y (yes) and N (no).

TARGET GROUP - Required when entering a new Subprogram.

PGM NO - Enter Program Number if already generated. Do not use when entering new Subprograms.

SUB PGM - Enter one digit alpha code to generate a new service.

SCREEN 93

FSP CLIENT SERVICES - NEW AND UPDATE (continued)

EST ANNUAL COSTS - Optional. Four whole number places (no decimal) are provided and the numbers right-justify.

COSTS CODE - Enter no code when the initial cost entry for the year is made.

A = Add to the amount already entered.

S = Subtract from the amount already entered.

R = Replace the amount already entered.

ACTUAL COSTS - Five whole number and two decimal places are provided. The numbers right-justify. Actual costs are reported annually OR monthly for a given year.

If monthly reporting is begun for a year and a change to annual reporting for that same year is made, the monthly costs must be zeroed out before an annual cost amount can be entered and vice versa.

DELIVERY MM/YYYY - Enter Year only for annual entry. Enter Month and Year for monthly entry.

SUBPROGRAM P - When doing a subprogram P update, both Program Number and Subprogram P must be entered.

SUBPROGRAM P TEXT - When adding to or updating Subprogram Text P, you must retype the old information, and type the new information. If you simply add new information, it will replace what was there previously.

99999999
PW0894

PF2 - INQUIRY MENU PF8 - FSP MENU PF10 - MAIN MENU

ALWAYS PRESS ENTER FROM PART 1

PF2 - INQUIRY MENU PF5 - PRINT PF6 - ENTRY SCREEN 94 NEXT SCREEN
PF10 - MAIN MENU

SCREEN 94
SCREEN 95

FAMILY SUPPORT PROGRAM REGISTRATION INQUIRY

Enter Module Key on Screen 94 to view current FSP registration information on Screen 95 Parts 1 and 2. Information displayed is in the form of worded descriptions rather than codes.

NOTES

Always press enter on Screen 95 Part 1 to get to Screen 95 Part 2. There are no F keys on Part 1 and if you enter one in error and again enter an F5 key from Part 2, Part 2 will be returned with the message: PROGRAM FUNCTION KEY LITERAL ALLOWED ONLY ONCE PER MESSAGE. When this occurs, you cannot F10 out of Part 2. There are two methods that can be used to get out:

1. Press ENTER from Part 2 if you have not entered PF5 and received message or,
2. Press PAUSE and enter /for w0800o1.

99/99/99
11: 25: 02

Human Services Reporting System
FAMILY SUPPORT SERVICES INQUIRY

9999999
PWO896

SCREEN 96

MODULE KEY: _____

*DLVY: MM YYYY
**NEXT SCREEN: ____

PF8 - FSP MENU PF9 - FSP SERVICES INQUIRY PF10 - MAIN MENU
*Defaults to current year unless keyed differently
** Leave Next Screen BLANK to select SPC on Screen 97

04/21/04
11: 25: 35
SCREEN 97

Human Services Reporting System
FAMILY SUPPORT SERVICES INQUIRY

xxxxxxx
PWO897

CLIENT ID : _____

WORKER ID: _____

NAME: _____

MODULE KEY: _____

NEXT REVIEW DATE: _____

OTHER PGMS USED: AFDC _ BCPN _ SSI _ SSI-E _ KATIE BECKETT _ BIRTH - 3 _
VOLUNTARY RESOURCES: 1) _____
2) _____ TAR GRP ____

SEL PGM	PGM NO	SUB PGM	EST ANNUAL COSTS	ACTUAL COSTS	DELVY MM YYYY	SERV START DATE	SERV END DATE	PROVIDER NUMBER
-	-	-	_____	_____	_____	_____	_____	_____
-	-	-	_____	_____	_____	_____	_____	_____
-	-	-	_____	_____	_____	_____	_____	_____

SUBPROGRAM OTHER TEXT: _____

TOTAL COSTS _____

NEXT SCREEN ____
PF10 - MAIN MENU

PF5 - PRINT

PF8 - FCP

PF9 - SERVICE INQ

SCREEN 96
SCREEN 97

FAMILY SUPPORT PROGRAM SERVICES INQUIRY

Enter Module Key on Screen 96 to view all services entered on Screen 97. Includes both open and closed services. Entry of Delivery Month and Year will cause information for that month/year to be displayed. If no date is entered, the current year's information is shown. If only a year is entered, information for that year is shown.

99/99/99
11:31:21

Human Services Reporting System
EXPENDITURES FOR FAMILY SUPPORT PROGRAM INQUIRY

9999999
PW0898

SCREEN 98

MODULE KEY: _____

*DLVY: MM YYYY

NEXT SCREEN: ____

PF8 - FSP MENU PF9 - FSP PROGRAM INQUIRY PF10 - MAIN MENU
*Defaults to current year unless keyed differently

04/21/04
11:27:41
SCREEN 99
MODULE KEY: _____
NAME: _____

Human Services Reporting System
EXPENDITURES FOR FAMILY SUPPORT PROGRAM INQUIRY

xxxxxxx
PW0899

DLVY(MM YYYY): ____ CLIENT ID: _____

PGM NO	SUB PGM	SERVICE DESCRIPTION	EST ANNUAL COSTS	ACTUAL COSTS
____	____	_____	____	____
____	____	_____	____	____
____	____	_____	____	____
____	____	_____	____	____
____	____	_____	____	____
____	____	_____	____	____
____	____	_____	____	____
____	____	_____	____	____

TOTAL COSTS: _____

NEXT SCREEN ____

PF5 - PRINT PF8 - FCP PF9 - ENTRY SCREEN PF10 - MAIN MENU

SCREEN 98
SCREEN 99

FAMILY SUPPORT PROGRAM SERVICES EXPENDITURES INQUIRY

Enter Module Key on Screen 98 to view service expenditures on Screen 99.
Entry of Delivery Month and Year will cause information for that month/year to be displayed. If no date is entered, the current year's information is shown. If only a year is entered, information for that year is shown. Service descriptions rather than codes are displayed.

XIV. AODA SCREENS

99/99/99 11:42:17	Human Services Reporting System AODA ENTRY MENU	9999999 PW08A1
SCREEN A1		
A3--AODA REGISTRATION NEW-UPDATE-INQUIRY A4--AODA SERVICES NEW-UPDATE A5--AODA SERVICES INQUIRY REQUEST A7--AODA MULTIPLE CLIENT UNITS A8--AODA CONVERSION INITIALIZATION		
MAKE SELECTION AND PRESS ENTER ____		
PF6-AODA MENU PF10-EXIT		

AODA MENU

Alcohol and Other Drug Abuse

06/07/05 13:12:44	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table border="0"> <tr> <td>CORE</td> <td>FAMILY SUPPORT</td> </tr> <tr> <td>11--CLIENT REGISTRATION</td> <td>94--FSP REGISTRATION</td> </tr> <tr> <td>86--CORE SERVICES</td> <td>96--FSP SERVICES</td> </tr> <tr> <td></td> <td>98--SERVICES EXPENDITURES</td> </tr> <tr> <td>CSC</td> <td>AODA</td> </tr> <tr> <td>33--CSC PAYMENTS</td> <td>A3--AODA REGISTRATION</td> </tr> <tr> <td>37--CSC HISTORY</td> <td>A5--AODA SERVICES</td> </tr> <tr> <td>86--CSC SERVICES</td> <td>ADOPTIONS</td> </tr> <tr> <td>88--CSC REGISTRATION + FISCAL</td> <td>B1--ADOPTIONS REGISTRATION</td> </tr> <tr> <td>LTS</td> <td>B2--ADOPTIONS FINALIZATION</td> </tr> <tr> <td>L1--LTS REGISTRATION</td> <td>SUPPORTED EMPLOYMENT</td> </tr> <tr> <td>L2--LTS SERVICES</td> <td>S1--SE REGISTRATION</td> </tr> <tr> <td>L3--LTS MULTIPLE SERVICES/COSTS</td> <td>S2--SE JOB INFORMATION</td> </tr> <tr> <td>MENTAL HEALTH</td> <td>S3--1 MONTH SEMI-ANNUAL REPORT</td> </tr> <tr> <td>M1--MH REGISTRATION</td> <td>BIRTH TO THREE</td> </tr> <tr> <td>M2--MH SERVICES</td> <td>68--BIRTH TO THREE REGISTRATION</td> </tr> <tr> <td>M4--CONSUMER STATUS</td> <td>69--BIRTH TO THREE SERVICES</td> </tr> </table>			CORE	FAMILY SUPPORT	11--CLIENT REGISTRATION	94--FSP REGISTRATION	86--CORE SERVICES	96--FSP SERVICES		98--SERVICES EXPENDITURES	CSC	AODA	33--CSC PAYMENTS	A3--AODA REGISTRATION	37--CSC HISTORY	A5--AODA SERVICES	86--CSC SERVICES	ADOPTIONS	88--CSC REGISTRATION + FISCAL	B1--ADOPTIONS REGISTRATION	LTS	B2--ADOPTIONS FINALIZATION	L1--LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2--LTS SERVICES	S1--SE REGISTRATION	L3--LTS MULTIPLE SERVICES/COSTS	S2--SE JOB INFORMATION	MENTAL HEALTH	S3--1 MONTH SEMI-ANNUAL REPORT	M1--MH REGISTRATION	BIRTH TO THREE	M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION	M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES
CORE	FAMILY SUPPORT																																			
11--CLIENT REGISTRATION	94--FSP REGISTRATION																																			
86--CORE SERVICES	96--FSP SERVICES																																			
	98--SERVICES EXPENDITURES																																			
CSC	AODA																																			
33--CSC PAYMENTS	A3--AODA REGISTRATION																																			
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86--CSC SERVICES	ADOPTIONS																																			
88--CSC REGISTRATION + FISCAL	B1--ADOPTIONS REGISTRATION																																			
LTS	B2--ADOPTIONS FINALIZATION																																			
L1--LTS REGISTRATION	SUPPORTED EMPLOYMENT																																			
L2--LTS SERVICES	S1--SE REGISTRATION																																			
L3--LTS MULTIPLE SERVICES/COSTS	S2--SE JOB INFORMATION																																			
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M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION																																			
M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES																																			
MAKE SELECTION AND PRESS ENTER: ____																																				
PF10 - MAIN MENU																																				

INQUIRY MENU

04/21/04 Human Services Reporting System xxxxxx
 11:29:51 AODA REGISTRATION NEW-UPDATE-INQUIRY PW08A3

SCREEN A3 TRANS TYPE _ (N/U/I) WORKER ID* _____
 SSN/MA* _____
 CLIENT ID _____
 NAME LAST _____ FIRST _____
 MIDDLE _____ SUFFIX _____
 BIRTHDATE _ _ _ _ SEX _ HI SP(Y/N) _ RACE _ CLTCHR _ _ _
 STARTDATE _____ CLOSEDATE _____ CO/COL _ REF-SRCE _ EDUC _ FAM-REL _
 BRIEF SERVICE _ EMP-STAT _ PREGNANT _
 DIAGNOSIS* _____ CASE-REV-DATE* _____ FAMILY ID* _____
 LOCAL DATA* _____ SPECIAL PROJ REPORT _____
 PRIMARY SECONDARY TERTIARY DISCHARGE
 SUBSTANCE PROBLEM _____
 USUAL ROUTE ADMIN _____
 FREQUENCY OF USE _____
 AGE OF FIRST USE _____
 *OPTIONAL DATA PF5-PRINT PF6-AODA MENU PF8-FULL CLIENT PRINT PF10-EXIT
 NEXT SCREEN _____

SCREEN A3

AODA REGISTRATION

Use to enter registration information for new AODA clients, to reregister a closed client, update registration information for existing clients, or to view current registration information using the module key.

NOTES

TRANS TYPE - The transaction types are N = New, U = Update, and I = Inquiry

04/21/04 11: 31: 12		Human Services Reporting System AODA SERVICES NEW-UPDATE						xxxxxx PW08A4					
SCREEN A4 CLIENT ID _____ MODULE KEY _____ NAME _____										WORKER ID* _____ SSN* _____			

PRG NO	SUB SPC	START DATE	PROVIDER NUMBER	DAYS OF CARE	OTHER UNITS	DELIV MM YYYY	SPC END DATE	SPC END REA	CLOSE STAT A F E	TG* GP	SPC* REV MM YYYY
___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___	___

NEXT SCREEN ____

*OPTIONAL DATA PF5-PRINT PF6-AODA MENU PF8-FULL CLIENT PRINT PF10-EXIT

SCREEN A4

AODA SERVICES

Use to enter services for an AODA Client, add to or update services information for existing clients.

NOTES

PROGRAM NUMBER - Enter Program Number if already generated.

SPC CODE - Enter SPC code to start a new service.

SUB PRG - Enter a Subprogram code if applicable.

DAYS OF CARE - Three whole number places are provided. This field is right-justified which means you do not have to zero fill the number.

SPC END REASON - Not required for:
 - 703 Hospital Detox
 - 705 Social Setting Detox
 - 603 Intake Assessment
 - Brief Service or Co-dependent/Collateral Clients

CLOSING STATUS - Required when SPC End Reason is coded 01-03.
Not required for:
 - 703 Hospital Detox
 - 705 Social Setting Detox
 - 603 Intake Assessment
 - Brief Service or Co-dependent/Collateral Clients

SCREEN A4

AODA SERVICES (continued)

CHANGING UNITS TOTAL FOR A GIVEN MONTH

If units are already entered for an SPC for a given month, when you enter a different number of units for this Program Number for the same month on Screen A4, the new entry will REPLACE the old number of units. Use this method to error correct or update the actual total provided during a given month.

ADDING UNITS FOR A NEW MONTH

To add units for the same program but for a different month, enter the month and year for which you are entering the units and the number of units.

The system will both keep track of the number of units provided in a program for each month, and keep a cumulative count for the year to date. Thus, when viewing a services inquiry, the number of units shown will be the total number of units provided under this program for the year-to-date. In sum, units cannot be added to a given month - the new entry replaces the number. Additions are only done for adding a new month's units.

OTHER UNITS -

Four whole numbers plus two decimal places are provided. Do not enter the decimal point.

This field is right-justified, meaning you do not have to zero fill the number.

99999999
PW08A5

**NEXT SCREEN _____

**LEAVE NEXT SCREEN BLANK IN ORDER TO SELECT SPC FROM SCREEN A6

DELIV MM/YYYY ____ / ____

[illegible]

NEXT SCREEN

PF5-PRINT PF6-AODA MENU PF10-EXIT

Enter module key on Screen A5 to view all services entered for that episode on Screen A6 (both open and closed). Entry of Delivery Month and Year will cause units for that month/year to be displayed. If no date is entered, the current year's units are shown. If only a year is entered, all units for that year are shown.

NOTES

SEL SPC -

Key an X in the select SPC column to view and update a specific service; also key in a Next Screen number. Press ENTER key. Press the Page Up key. The selected service will move forward to the chosen next screen. A maximum of 4 SPCs per screen can be moved forward using this function.

99/99/99
11:48:53

Human Services Reporting System
HSRS AODA MULTIPLE CLIENT UNITS

9999999
PW08A7

SCREEN A7 DELIV MM/YYYY __ / ____

EPI SODE	PGM NO	DAYS OF CARE	OTHER UNITS	DELIV MM/YYYY	SPC END DATE	SPC END REA	CLOSE STAT A F E
_____	___	____	____	____	_____	___	___
_____	___	____	____	____	_____	___	___
_____	___	____	____	____	_____	___	___
_____	___	____	____	____	_____	___	___
_____	___	____	____	____	_____	___	___
_____	___	____	____	____	_____	___	___
_____	___	____	____	____	_____	___	___
_____	___	____	____	____	_____	___	___
_____	___	____	____	____	_____	___	___

PF5-PRINT PF6-AODA MENU PF10-EXIT

SCREEN A7

AODA MULTIPLE CLIENT UNITS

Use to enter AODA client units for several clients/episodes on the same screen.

NOTES

DELIV MM/YYYY - Enter the Delivery Month and Year at the top of the screen. If units for different months are entered on this screen, enter the Delivery Month and Year in the middle field - DELIV MM/YYYY. The data entered on the strip (middle field of screen) will override the date entered at the top of Screen A7.

EPISODE - When making multiple entries for the same episode, you do not need to repeat the Episode Key on each line. Simply enter the Episode Key on the first entry line, then enter a quotation mark (") under the Episode Key for each entry for this episode. This will eliminate the need to key the eight character Episode Key for each entry.

SPC END DATE - Enter the Spc End Date, SPC End Reason, and Closing Status if you wish to close the Service.
SPC END REA, &
CLOSING STATUS

XV. SUPPORTED EMPLOYMENT SCREENS

99/99/99 14: 23: 11	Human Services Reporting System Supported Employment Menu	xxxxxxx PW08SE
<p>S1--SE REGISTRATION (N/U/E/I) S2--SE JOB INFORMATION (N/U/E/D/I) S3--SE 1 MONTH SEMI ANNUAL REPORTING (N/U/E/I)</p>		
<p>MAKE SELECTION AND PRESS ENTER: __</p>		
<p>Depress PF10 for HSRS Main Menu</p> <hr/>		

SUPPORTED EMPLOYMENT MENU

06/07/05 13: 12: 44	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table border="0"> <tr> <td>CORE</td> <td>FAMILY SUPPORT</td> </tr> <tr> <td>11--CLIENT REGISTRATION</td> <td>94--FSP REGISTRATION</td> </tr> <tr> <td>86--CORE SERVICES</td> <td>96--FSP SERVICES</td> </tr> <tr> <td></td> <td>98--SERVICES EXPENDITURES</td> </tr> <tr> <td>CSC</td> <td>AODA</td> </tr> <tr> <td>33--CSC PAYMENTS</td> <td>A3--AODA REGISTRATION</td> </tr> <tr> <td>37--CSC HISTORY</td> <td>A5--AODA SERVICES</td> </tr> <tr> <td>86--CSC SERVICES</td> <td>ADOPTIONS</td> </tr> <tr> <td>88--CSC REGISTRATION + FISCAL</td> <td>B1--ADOPTIONS REGISTRATION</td> </tr> <tr> <td>LTS</td> <td>B2--ADOPTIONS FINALIZATION</td> </tr> <tr> <td>L1--LTS REGISTRATION</td> <td>SUPPORTED EMPLOYMENT</td> </tr> <tr> <td>L2--LTS SERVICES</td> <td>S1--SE REGISTRATION</td> </tr> <tr> <td>L3--LTS MULTIPLE SERVICES/COSTS</td> <td>S2--SE JOB INFORMATION</td> </tr> <tr> <td>MENTAL HEALTH</td> <td>S3--1 MONTH SEMI-ANNUAL REPORT</td> </tr> <tr> <td>M1--MH REGISTRATION</td> <td>BIRTH TO THREE</td> </tr> <tr> <td>M2--MH SERVICES</td> <td>68--BIRTH TO THREE REGISTRATION</td> </tr> <tr> <td>M4--CONSUMER STATUS</td> <td>69--BIRTH TO THREE SERVICES</td> </tr> </table>			CORE	FAMILY SUPPORT	11--CLIENT REGISTRATION	94--FSP REGISTRATION	86--CORE SERVICES	96--FSP SERVICES		98--SERVICES EXPENDITURES	CSC	AODA	33--CSC PAYMENTS	A3--AODA REGISTRATION	37--CSC HISTORY	A5--AODA SERVICES	86--CSC SERVICES	ADOPTIONS	88--CSC REGISTRATION + FISCAL	B1--ADOPTIONS REGISTRATION	LTS	B2--ADOPTIONS FINALIZATION	L1--LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2--LTS SERVICES	S1--SE REGISTRATION	L3--LTS MULTIPLE SERVICES/COSTS	S2--SE JOB INFORMATION	MENTAL HEALTH	S3--1 MONTH SEMI-ANNUAL REPORT	M1--MH REGISTRATION	BIRTH TO THREE	M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION	M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES
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<p>PF10 - MAIN MENU</p> <hr/>																																				

INQUIRY MENU

04/21/04 11:35:29		Human Services Reporting System SE REGISTRATION NEW-UPDATE-INQUIRY		xxxxxx PW08S1	
SCREEN S1	TRANS TYPE	____ (N/U/E/I)	MODULE KEY	____	WORKER ID
CLIENT ID	____				OPTIONAL
NAME LAST	____		FIRST	____	
MIDDLE	____		SUFFIX	____	
BIRTHDATE	____ / ____ / ____	SEX	____	HISP(Y/N)	____
		RACE	____	CLIENT CHAR	____
EPI SODE	START DATE	____	EPI SODE	END DATE	____
CHANGE DATE	____				
FUNDING AGENCY*	____	TARGET GROUP*	____	PROVIDER*	____
* CHANGE DATE REQUIRED FOR THESE FIELDS WITH U OR E TRANS TYPE					
PGM NO:	____	SPC START DATE:	____	SPC END DATE:	____
- - - - - OPTIONAL SE DATA - - - - -					
PRE SE SHELTERED					
OUTSIDE SETTING	____	HOURLY WAGE	____		
PF5-PRINT	PF6-SE MENU	PF8-FULL CLPRT	PF10-HSRS	Main Menu	NEXT SCREEN

SCREEN S1 SUPPORTED EMPLOYMENT REGISTRATION

Use to enter registration information for new Supported Employment clients, reregister a closed client, update or error correct information for existing clients, or to view current information using the module key.

NOTES

- TRANS TYPE – The transaction types are:
N = New - to enter a new episode.
U = Update - to add to or change information for an existing episode.
E = Error Correct - to correct erroneous information.
I = Inquiry - to view registration information
- CHANGE DATE – Required for Update or Error Correction to Funding Agency, Target Group, or Provider Number.
- PGM NO,
SPC START DT,
SPC END DT – Program Number, SPC Start Date, and SPC End Date are not enterable fields. They are displayed after the other information on the screen has been successfully entered.

04/21/04
11:37:55

Human Services Reporting System
SE JOB INFORMATION

xxxxxx
PW08S2

SCREEN S2 TRANS TYPE _ (N/U/E/D/I)

MODULE KEY _____ CLIENT ID _____

NAME _____

JOB NO	START DATE	JOB TYPE	WORK SITE	EMP TYPE	END DATE	END REA	EMPLOYER' S NAME*
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—

*OPTIONAL DATA PF5 PRINT PF6 SE MENU PF8 CLNT PRINT PF10 HSRS MAIN MENU

NEXT SCREEN _____

SCREEN S2

SUPPORTED EMPLOYMENT JOB INFORMATION

Use to enter job information for new Supported Employment clients, update, error correct or delete existing job information, or to view current job information using the module key.

NOTES

TRANS TYPE – The transaction types are:

N = New - to add the first job(s) to an episode.
U = Update - to add subsequent jobs to an episode or change existing jobs.
E = Error Correct - to correct erroneous information
D = Delete - to delete jobs
I = Inquiry - to view job data

JOB NO – Enter job number if already generated.

04/21/04 11:39:12	Human Services Reporting System 1 MONTH SEMI-ANNUAL REPORT N/U/E/I	xxxxxx PW08S3
----------------------	---	------------------

SCREEN S3 TRANS TYPE	_	(N/U/E/I)
MODULE KEY	_____	CLIENT ID _____
NAME _____		
REPORT MM/YYYY	__ __	SUPPORT HOURS: DIRECT __ __ INDIRECT* __ __

JOB NO	HOURLY WAGE	HOURS WORKED	TRANSPORTATION TYPE	HOURS*	EMPLOYER'S NAME*
__	__	__	__	__	_____
__	__	__	__	__	_____
__	__	__	__	__	_____
__	__	__	__	__	_____
__	__	__	__	__	_____
__	__	__	__	__	_____
__	__	__	__	__	_____
__	__	__	__	__	_____

NEXT SCREEN ____

*OPTIONAL DATA PF5-PRINT PF6-SE MENU PF8-CLNT PRINT PF10-HSRS MAIN MENU

SCREEN S3

SUPPORTED EMPLOYMENT ONE MONTH SEMI-ANNUAL REPORT

Use to enter the Supported Employment information for the months of February and August.

NOTES

- TRANS TYPE - The transaction types are:

N = New - to enter new semi-annual information.

U = Update - to add to or change information for an existing episode.

E = Error Correct - to correct erroneous information.

I = Inquiry - to view semi-annual SE information.
- REPORT MM/YYYY - The report month is either 02 for February or 08 for August.
 (For optional monthly reporting, enter any specific month.)

XVI. MENTAL HEALTH SCREENS

99/99/99 14:02:43	Human Services Reporting System Mental Health Menu	99999999 PW08MH
M1--MH REGISTRATION (N/U/E/I) M2--MH SERVICES (N/U/E/I) M3--MH SERVICES MULTIPLE UPDATE M4--MH CONSUMER STATUS (N/U/I/D) M5--MH CONSUMER STATUS MULTIPLE UPDATE		
MAKE SELECTION AND PRESS ENTER: ____		
Depress PF10 for HSRS Main Menu		

MENTAL HEALTH MENU

06/07/05 13:12:44	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
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MAKE SELECTION AND PRESS ENTER: ____																																				
PF10 - MAIN MENU																																				

INQUIRY MENU

04/21/04 12:56:26		Human Services Reporting System MH REGISTRATION NEW-UPDATE-INQUIRY		xxxxxx PW08M1	
SCREEN M1	TRANS TYPE	(N/U/E/I)	MODULE KEY	WORKER ID*	
CLIENT ID	_____ - _____ - _____ - _____				
NAME LAST	_____		FIRST	_____	
MIDDLE	_____		SUFFIX	_____	
BIRTHDATE	___ / ___ / ___	SEX	HI SP(Y/N)	RACE	CLIENT CHAR ___ ___
MA NUMBER	_____				
COMMITMENT STATUS		COMMITMENT STATUS REVIEW DATE		___ / ___ / ___	
SEVERITY or BRC GROUP		PRESENTING PROBLEM		___ ___	
DIAGNOSTIC IMPRESSION _____					
COUNTY OF RES	___	CLOSING DATE	___ / ___ / ___		
SOCIAL SUPPORT	___	NUM OF CHILDREN	___	CHILDREN AT HOME	___
VETERAN STATUS	___	REFERRAL SOURCE	___	CASE REVIEW DT	___ / ___ / ___
FAMILY ID	_____	LOCAL DATA	_____		
*OPTIONAL				NEXT SCREEN ___	
PF5-PRINT	PF6-MH MENU	PF8-FULL CLIENT PRINT	PF10-MAIN MENU		

SCREEN M1 MENTAL HEALTH REGISTRATION

Use to enter registration information for new Mental Health clients, to register a closed client, update or error correct registration information for existing clients, or to view current registration information using the module key.

NOTES

- TRAN TYPE – The transaction types are:
- N = New – enter a new episode
 - U = Update – add to or change information for an existing episode
 - E = Error Correct – correct erroneous information
 - I = Inquiry – view registration information.

99/99/99
14: 07: 01
SCREEN M2

HSRS MENTAL HEALTH MODULE
SERVICES

9999999
PWO8M2

TRAN (N/U/I/E): _
MODULE KEY: _ INQUIRY MM/YYYY : _ _

WORKER ID* _

PROG NO.	SPC/SUB PGM	SPC ST DATE	PROVIDER ID	UNITS DAYS OTHER	SPC END DATE	SPC CL REASON	DELVRY MM/YYYY	SPC REV DATE
-------------	----------------	----------------	-------------	---------------------	-----------------	------------------	-------------------	-----------------

_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_

NEXT SCREEN _

PF5 - PRINT PF6 - MH MENU PF8 - FULL CLIENT PRINT
PF9 - REFRESH SCREEN PF10 - HSRS MAIN MENU

SCREEN M2

MENTAL HEALTH SERVICES

Use to enter services for a Mental Health client, add to, update, error correct, or inquire services information for existing clients.

NOTES

TRANS TYPE -

The transaction types are:

N = New - to add the first service(s) to an episode.

U = Update - to add subsequent services to an episode or change existing services.

E = Error Correct - to correct erroneous service information.

I = Inquiry - to view service data.

PRG NO -

Enter Program Number if already generated.

SPC CODE -

Enter SPC code to start a new service.

SUB PRG -

Enter a subprogram code if applicable.

DAYS UNITS -

Three whole number places are provided. This field is right-justified which means you do not have to zero fill the number.

OTHER UNITS -

Four whole numbers and two decimal places are provided. Do not enter the decimal point. This field is right-justified which means you do not have to zero fill the number.

PF5 - PRINT PF9 - REFRESH SCREEN

04/21/04
12:59:27

HSRS MENTAL HEALTH MODULE
CONSUMER STATUS

xxxxxx
PW08M4

SCREEN M4 TRANS TYPE (N/U/I/D) _

EPI SODE _____ REPORT MM/YYYY ____ CLIENT ID _____

NAME _____

			HEALTH CARE				SUI								
BRC	PSYCH		HLTH	APPOINTMENTS	CIDE	RES	DAILY		EMP	CMIT	CRIM	FINANCIAL			
UPD	STRSS	GAF	STAT	PHY VIS DNT	RISK	ARR	ACTIV	EMP	LVL	STAT	JUST	SUPPORTS			
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

NEXT SCREEN ____

PF5 - PRINT PF6 - MH MENU PF8 - MH FULL CLIENT PRINT
PF9 - REFRESH SCREEN

SCREEN M4

MENTAL HEALTH OUTCOME ENTRY

Use to enter Consumer Status information. Required at the beginning of episode, six month updates, and episode close for consumers who meet the definition of BRC Target Population (Field 10 = H or L).

NOTES

TRANS TYPE -

The transaction types are:

N = New - enter new data

U = Update - change information

I = Inquiry - view outcome information

D = Delete

REPORT mm/yyyy -

Enter the month and year for which the consumer status data represents.

99/99/99
08:53:18

HSRS MENTAL HEALTH MODULE
CONSUMER STATUS

9999999
PW08M5

SCREEN M5 REPORT MM/YYYY __ __

EPI SODE	BRC UPD	PSYC STRS	GAF	HLTH STAT	HEALTH CARE APPOINTMENTS PHY VIS DNT	SUI CIDE RISK	RES ARR	DAILY ACTIV	EMP	EMP LVL	CMIT STAT	CRIM JUST	FIN SUPP
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___
_____	-	-	___	-	- - -	-	-	___	___	-	-	___	___

NEXT SCREEN __

PF5 - PRINT PF9 - REFRESH SCREEN PF6 - MH MENU

SCREEN M5 MENTAL HEALTH OUTCOME MULTIPLE ENTRY

Use to enter a single month of consumer status information for several Mental Health consumers/episodes on the same screen.

XVII. BIRTH TO THREE SCREENS

99/99/99 99: 99: 99	Human Services Reporting System Birth to Three Menu	XXXXXX PW0867
<p>68 - B to 3 REGISTRATION (N/U/I) 69 - B to 3 SERVICES (N/U/I)</p>		
<p>MAKE SELECTION AND PRESS ENTER: __</p>		
<p>Depress PF10 for HSRS Main Menu</p>		

BIRTH TO THREE MENU																																				
06/07/05 13: 12: 44	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
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<p>MAKE SELECTION AND PRESS ENTER: __</p>																																				
<p>PF10 - MAIN MENU</p>																																				

INQUIRY MENU

04/21/04
13:09:19

Human Services Reporting System
BIRTH TO 3 CLIENT REGISTRATION

xxxxxx
PW0868

SCREEN 68 TRANS TYPE N/U/I _

EPI SODE KEY: _____

WORKER ID: _____

CLIENT ID: ____ - ____ - ____ - ____

SSN : _____

NAME LAST: _____
MIDDLE _____

FIRST _____

SUFFIX _____

BIRTHDATE: __ / __ / ____

SEX: _

HISP(Y/N): _

RACE: _____

CLIENT CHAR: __ __ __

REFERRAL DATE: _____

REFERRAL SOURCE: __

COUNTY OF RESIDENCE: ____

PRIMARY LOC OF SERVICES: _

OTHER LOC: __ __

START DATE: _____

CLOSING DATE: _____

CLOSING REASON: __

PF1 - ENTRY MENU

PF5 - PRINT

PF8 - CLIENT PRINT

NEXT SCREEN: __

SCREEN 68

BIRTH TO THREE REGISTRATION

Use to enter, update or inquire registration information.

NOTES

TRANS TYPE -

The transaction types are N = New, U = Update, and I = Inquiry.

04/21/04
13:10:51

Human Services Reporting System
Birth to 3 Services

xxxxxx
PW0869

SCREEN 69 TRANS TYPE N/U/I _ INQUIRY MM/YYYY: _ _

MODULE KEY: _ CLIENT ID: _

NAME:

PGM NO	SERVICE	STRTDT* MMDDYYYY	END-DT* MMDDYYYY	SVC* UNITS	DELVY* MM*YYYY	PROVIDER* NUMBER	REV-DT* MM*YYYY
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_

NEXT SCREEN _

PF1 - CLIENT ENTRY MENU PF5 - PRINT PF8 - CLIENT PRINT

*Denotes optional data field

DELIVERY DATE DEFAULTS TO CURRENT MM/YYYY UNLESS KEYED DIFFERENTLY

SCREEN 69

BIRTH TO THREE SERVICES

Use to enter or update service information.

NOTES

TRANS TYPE – The transaction types are N = New, U = Update, and I = Inquiry.

PROG NO – Enter Program Number if already generated.

SVC UNITS – Service Units - Three whole numbers and two decimal places are provided. Do not enter the decimal point. The field right-justifies.

XVIII. LONG TERM SUPPORT SCREENS

99/99/99 14:44:03	Human Services Reporting System Long Term Support Menu	99999999 PW08LT
<p>L1--LTS REGISTRATION (N/U/E/I) L2--LTS SERVICES INFORMATION (U/E/I) L3--LTS MULTIPLE SERVICES/COSTS ENTRY SCREEN (U/I) L4--LTS CODE CONVERSION (U)</p>		
<p>MAKE SELECTION AND PRESS ENTER: ____</p>		
<p>Depress PF10 for HSRS Main Menu</p> <hr/>		

LONG TERM SUPPORT MENU

06/07/05 13:12:44	Human Services Reporting System HSRS INQUIRY MENU	xxxxxxx PW0802																																		
<table border="0"> <tr> <td>CORE</td> <td>FAMILY SUPPORT</td> </tr> <tr> <td>11--CLIENT REGISTRATION</td> <td>94--FSP REGISTRATION</td> </tr> <tr> <td>86--CORE SERVICES</td> <td>96--FSP SERVICES</td> </tr> <tr> <td></td> <td>98--SERVICES EXPENDITURES</td> </tr> <tr> <td>CSC</td> <td>AODA</td> </tr> <tr> <td>33--CSC PAYMENTS</td> <td>A3--AODA REGISTRATION</td> </tr> <tr> <td>37--CSC HISTORY</td> <td>A5--AODA SERVICES</td> </tr> <tr> <td>86--CSC SERVICES</td> <td>ADOPTIONS</td> </tr> <tr> <td>88--CSC REGISTRATION + FISCAL</td> <td>B1--ADOPTIONS REGISTRATION</td> </tr> <tr> <td>LTS</td> <td>B2--ADOPTIONS FINALIZATION</td> </tr> <tr> <td>L1--LTS REGISTRATION</td> <td>SUPPORTED EMPLOYMENT</td> </tr> <tr> <td>L2--LTS SERVICES</td> <td>S1--SE REGISTRATION</td> </tr> <tr> <td>L3--LTS MULTIPLE SERVICES/COSTS</td> <td>S2--SE JOB INFORMATION</td> </tr> <tr> <td>MENTAL HEALTH</td> <td>S3--1 MONTH SEMI-ANNUAL REPORT</td> </tr> <tr> <td>M1--MH REGISTRATION</td> <td>BIRTH TO THREE</td> </tr> <tr> <td>M2--MH SERVICES</td> <td>68--BIRTH TO THREE REGISTRATION</td> </tr> <tr> <td>M4--CONSUMER STATUS</td> <td>69--BIRTH TO THREE SERVICES</td> </tr> </table>			CORE	FAMILY SUPPORT	11--CLIENT REGISTRATION	94--FSP REGISTRATION	86--CORE SERVICES	96--FSP SERVICES		98--SERVICES EXPENDITURES	CSC	AODA	33--CSC PAYMENTS	A3--AODA REGISTRATION	37--CSC HISTORY	A5--AODA SERVICES	86--CSC SERVICES	ADOPTIONS	88--CSC REGISTRATION + FISCAL	B1--ADOPTIONS REGISTRATION	LTS	B2--ADOPTIONS FINALIZATION	L1--LTS REGISTRATION	SUPPORTED EMPLOYMENT	L2--LTS SERVICES	S1--SE REGISTRATION	L3--LTS MULTIPLE SERVICES/COSTS	S2--SE JOB INFORMATION	MENTAL HEALTH	S3--1 MONTH SEMI-ANNUAL REPORT	M1--MH REGISTRATION	BIRTH TO THREE	M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION	M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES
CORE	FAMILY SUPPORT																																			
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LTS	B2--ADOPTIONS FINALIZATION																																			
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L2--LTS SERVICES	S1--SE REGISTRATION																																			
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M2--MH SERVICES	68--BIRTH TO THREE REGISTRATION																																			
M4--CONSUMER STATUS	69--BIRTH TO THREE SERVICES																																			
<p>MAKE SELECTION AND PRESS ENTER: ____</p>																																				
<p>PF10 - MAIN MENU</p> <hr/>																																				

INQUIRY MENU

04/21/04		Human Services Reporting System				xxxxxx	
13: 12: 05		LONG TERM SUPPORT CLIENT REGISTRATION				PW08L1	
SCREEN L1		TRANS (N/U/I/E) _		WORKER ID _____		MODULE KEY _____	
NAME LAST _____		FIRST _____		SUFFIX _____			
MIDDLE _____							
SSN/MA NUM _____		CLIENT ID ____ - ____ - ____ - ____		BIRTHDATE ____ - ____ - ____			
SEX	HI SP(Y/N)	RACE	CLIENT CHAR	LEVEL OF CARE	MARITAL STATUS		
—	—	—	—	—	—		
LIVING ARRANGEMENT		NATURAL SUPP		PRIOR	SPECIAL PROJ		
PRI OR	CURRENT	PEOPLE	SOURCE	LOCATION	STATUS		
—	—	—	—	—	—		
COUNTY OF FISCAL		COURT ORDERED		FIN ELIG	ELIG	PGM ELIG	
RESPONSI BIL ITY		PLACEMENT		TYPE	IND	DATE	
—		—		—	—	—	
PF5 - PRINT SCREEN		PF8 - CLIENT PRINT		PF10 - MAIN MENU		NEXT SCREEN ____	

SCREEN L1

LONG TERM SUPPORT REGISTRATION

Use to enter, update, inquire, or error correct registration information.

NOTES

Enter three zeros to remove the middle name and suffix.

TRANS – The transaction types are N = New, U = Update, I = Inquiry, and E = Error Correct.

PGM ELIG DATE - The Program Eligibility Date is not entered by the county. It is entered by the Management Group for CIP 2 and COP - Waiver.

EDITS – The values entered in the following fields are also checked on the L2 screen:

–MA NUMBER

Required for LTS participants who receive MA - Waiver services.

–MA ELIGIBILITY INDICATOR

Required for LTS participants who receive MA - Waiver services.

SPECIAL PROJECT STATUS - The field is 3 positions long to allow the reporting of up to 3 different codes.

04/21/04
13:33:42

Human Services Reporting System
LONG TERM SUPPORT SERVICES

xxxxxx
PW08L2

SCREEN L2 TRANS TYPE _ (U/I/E)

WORKER ID _____

MODULE KEY _____

CLIENT ID _____

NAME _____

EPI	SODE	STRT	EPI	SODE	END	CLOSE	SLOT	START	END
DATE	DATE	DATE	DATE	DATE	REASON	NUMBER	DATE	DATE	DATE

PGM	SPC	SUB	TAR	LTS	FUND	SPC	STRT	SPC	END	PROVI	DER	NEXT
NO		PGM	GRP	CD	SOURCE	DATE	DATE	DATE	DATE	NUMBER		REV DT

---	---	---	---	---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---	---	---	---	---

PF5 - PRINT SCREEN PF8 - CLIENT PRINT P10 - MAIN MENU NEXT SCREEN ____

SCREEN L2

LONG TERM SUPPORT SERVICES

Use to update, inquire, and error correct service information.

NOTES

TRANS – The transaction types are U = Update, I = Inquiry, and E = Error Correct.

EDITS – Each SPC on L2 must contain information to determine which LTS program the SPC is attached to and when necessary, the source of funding. This information is collected in the LTS Code and Funding Source fields.

LTS CODE

EDITS – No time overlap is allowed between two SPCs with different Waiver LTS Codes. Time overlap is allowed between any Waiver SPC and any COP SPC. The system will accept two almost identical SPCs if the only difference is the LTS Code-one SPC having a Waiver LTS Code and the other one a COP LTS Code.

SPCs with a waiver LTS Code of 1, 4, 6, 8, B, F, G, H, I, J, K, or M can only be entered if a slot number has been allocated to the LTS participant. The inquiry function on L2 will bring up the Slot Number, Slot Start Date and Slot End Date.

SCREEN L2

LONG TERM SUPPORT SERVICES (continued)

FUNDING

SOURCE EDITS –

A funding Source Code must be entered on each SPC with an LTS Code of:

8 CIP IB local match
B BIW local match
I Children's long term support - DD local match
K Children's long term support - MH local match
M Children's long term support - PD local match
SPC 899

EPISODE

CLOSING –

Closing an LTS episode requires three steps:

- 1) Every LTS SPC within that episode must be closed. SPCs can only be closed by the agency it belongs to.
- 2) If a slot was open, it must be closed. The Slot End Date must be greater than or equal to the latest SPC End Date attached to the slot.
- 3) After steps 1 and 2, Episode End Date and Closing Reason are entered.

OPEN A CLOSED

EPISODE –

Zero out the Episode End Date and Closing Reason.
Slot reopening is not allowed.

COP SPCs –

The COP Assessment SPC 603/01 and COP Plan SPC 603/02 must be entered before COP Service SPCs are accepted. The SPC End Date for these two SPCs defaults to the SPC Start Date.

04/21/04		Human Services Reporting System										xxxxxx	
13: 34: 44		LONG TERM SUPPORT UNITS/COSTS										PW08L3	
SCREEN L3 TRANS _		(U/I)		CLIENT ID _____					DELIVERY MM/YYYY ____				
NAME _____													
EPI SODE	PGM NO	SPC	SUB PGM	LTS CD	FUND SRC	UNI TS	COSTS		DELIV MM/YYYY		SPC-END DATE		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
_____	____	____	____	-	____	____ -	_____		____		_____		
				TOTALS:		_____		_____		_____			
PF5 - PRINT SCREEN PF8 - CLIENT PRINT PF10 - MAIN MENU NEXT SCREEN ____													

LONG TERM SUPPORT UNITS/COSTS

NOTES

DELIVERY MM/YYYY - Enter the delivery month and year at the top of the screen. If units for different months are entered on this screen, enter the delivery month and year in the DELIV MM/YYYY on the episode strip. The date entered on the strip will override the date entered at the top of the screen.

UNITS – Three whole numbers and one decimal place are provided. Do not enter the decimal point. The field right-justifies.

71

SCREEN L3

LONG TERM SUPPORT UNITS/COSTS (continued)

CHANGING CURRENT YEAR UNITS TOTAL FOR A GIVEN MONTH

If units are already entered for an SPC for a given month, entering a different number of units for this program number for the same month on Screen L3 will REPLACE the old number of units. Use this method to error correct or update the actual total provided during a given month.

ADDING UNITS FOR A NEW MONTH

To add units for the same program but for a different month, enter the month and year for which you are entering the units and the number of units. Units cannot be added to existing monthly units - the new entry replaces the number.

COSTS –

Six whole numbers and two decimal places are provided. Do not enter the decimal point. The field right-justifies.

Monthly costs up to \$9,999.99 are allowed except for the following:

Long Term Support codes 1, 4, 6, 8, B, F, G, H, I, J, K, L and M will allow up to \$99,999.99 per month for the following SPCs:

103/24	107/40
103/99	112/56
104/10	112/57
104/11	112/99
104/12	202/01
104/20	202/02
104/21	203
104/22	506/61
106/03	609/10
107/30	

INQUIRY –

When an inquiry is done on L3, the Program Numbers and SPCs are displayed. The transaction type can then be changed to U (Update) and units and costs can be entered. If an LTS code is entered on the inquiry, only those LTS Program Numbers will be displayed. Example: Enter an I (Inquiry) transaction code, the episode key, and a 7 in the LTS CD (code) and only COP SPCs (code 7) will be displayed.

04/21/04 13:35:54	Human Services Reporting System LONG TERM SUPPORT CODE CONVERSION	xxxxxx PW08L4
SCREEN L4 TRANS TYPE U MODULE KEY _____		
CLIENT ID ____ - ____ - ____ - ____ NAME _____		
NUMBER OF CONVERTED SPCS ____		
<div style="display: flex; justify-content: space-between;"> <div> LTS CODE (OLD) ____ (NEW) ____ </div> <div> START DATE ____ ____ ____ END DATE ____ ____ ____ </div> </div>		
PF5 - PRINT SCREEN P10 - MAIN MENU		NEXT SCREEN ____

SCREEN L4 LONG TERM SUPPORT CODE CONVERSION

Use to convert LTS SPC codes from CIP II to COP - Waiver and vice versa.

NOTES

LTS CODE – Enter the current LTS code (old) of the SPCs you want to convert and the new LTS code.

START DATE
& END DATE – These dates can be used to define a time period of conversion:

- 1) If both dates are entered, the system will convert all SPCs that would overlap this time period.
- 2) If a Start Date and no End Date is entered, the End Date is defaulted to today's date.
- 3) If an End Date but no Start Date is entered, the Start Date is defaulted to the Start Date of the episode.
- 4) If both dates are left blank, the time period will cover the episode and every SPC with the correct LTS Code will be converted.

After entering the information on the screen, press ENTER a first time. If everything is correct the system will return the number of SPCs to be converted. Press ENTER a second time to actually proceed with the conversion, or press F10 to cancel the conversion. The program will also check for any overlap between SPCs with different Waiver codes that would result from the conversion. In such cases, the program would automatically cancel the conversion. A correction of the time window would probably resolve the problem.

XIX. CLIENT DELETIONS SCREENS

99/99/99 14:37:02	Human Services Reporting System Client Deletions Menu	xxxxxxx PW0807
HSRS ENTRY MENU		
72 - EPI SODE		
73 - SPC		
MAKE SELECTION AND PRESS ENTER: ____		
Depress PF10 to return to HSRS Main Menu		

SCREEN 07

CLIENT DELETIONS MENU

Use to delete programs and episodes which never should have existed. The delete should not be used to close services or episodes when activity ends, because the delete erases rather than closes.

99/99/99
14:38:17
SCREEN 72

Human Services Reporting System
EPI SODE DELETIONS

xxxxxxx
PW0872

EPI SODE KEY _____ EPI SODE TYPE ____ (COR, CSC, FSP, ADP, AO,
SE, MH, B3)
CLIENT ID ____ - ____ - ____ - ____

NEXT SCREEN ____

CAUTION! Entry of Episode key will delete the entire
episode. No record will be kept.

WARNING! Call SOS help desk to delete LTS episodes

Depress ENTER - Process Deletion PF5 - Print PF7 - Deletions Menu
PF9 - Refresh Current Screen PF10 - Exit

SCREEN 72

EPISODE DELETION

Use to delete an episode.

NOTES

Episode Type - COR = Core
 - FSP = Family Support Program
 - AO = Alcohol and Other Drug Abuse
 - SE = Supported Employment
 - MH = Mental Health
 - B3 = Birth to Three Program

CAUTION! - Entry of Episode Key will delete the entire episode. No record will be kept.

If this is the only episode the client has, deletion of the episode will delete the client
registration information also. In other words, the client will no longer be on the reporting
system.

Call the SOS Desk to delete LTS episodes.

99/99/99
13:20:39
SCREEN 73

Human Services Reporting System
SPC DELETIONS

9999999
PW0873

EPI SODE KEY _____ TYPE ____ (COR, CSC, FSP, AO
SE, MH, B3, LTS)
PROGRAM NUM ____ NEXT SCREEN ____

CAUTION! This deletes the specified SPC with the entered program number. Clients having only one CSC SPC may not have it deleted. No record will be kept.

WARNING! LTS costs and units cannot be deleted for the years where the data has been finalized. Call the SOS Help Desk for assistance.

Depress ENTER - Process Deletion PF5 - Print PF7 - Deletions Menu
PF9 - Refresh Current Screen PF10 - Exit

SCREEN 73

SPC DELETION

Use to delete specific SPCs or clusters.

NOTES

Type - COR = Core
 - FSP = Family Support Program
 - AO = Alcohol and Other Drug Abuse
 - SE = Supported Employment
 - MH = Mental Health
 - B3 = Birth to Three Program
 - LTS = Long Term Support

CAUTION! - This deletes the specified SPC with the entered Program Number. No record will be kept.

WARNING! - LTS costs and units cannot be deleted for the years where data has been finalized. Call the SOS Desk for assistance.

XX. MODULE TYPE (MOD TYPE, MOD, MT)

Used on HSRS reports.

1 = CORE	Human Services Reporting System
5 = FSP	Family Support Program
6 = AODA	Alcohol and Other Drug Abuse
8 = SE	Supported Employment
9 = MH	Mental Health
0 = B3	Birth to Three Program
A = LTS	Long Term Support

XXI. HSRS PROVIDER NUMBER REQUEST

Provider number requests may be sent via:

E-mail: soshelp@dhfs.state.wi.us
FAX: (608) 267-2437
Mail: SOS Desk
1 W. Wilson St., Room 851
P. O. Box 7851
Madison, WI 53707-7851

Please include agency name along with a requestor name when submitting requests.

Please include both the COUNTY FACILITY IS LOCATED IN code and the REQUESTING AGENCY REPORTING UNIT code.

HOW TO REQUEST A NEW PROVIDER NUMBER

Below is the proper format to use when requesting provider numbers.

Provider Number	
Facility Name	Lewis Adult Family Home
Operator(s) Parent Org*	Ed & Edna Lewis
Address	209 Parker St.
City & State	Madison, WI
Zip Code	53713
County Facility Is Located In	013
Provider Type	36
License Type	02
Lic Agy Name*	Dane HSD
Requesting Agency RU Code	4013
Current Monthly Rate**	Board Op Facility**
Current Daily Rate**	Prev Monthly Rate**
Active Prov Ind**	Prev Daily Rate**
Date Keyed**	Effective Date**

* - Optional Fields - Still must allocate space on request, even if you do not write text in these fields.

** - These fields have a default associated with them. You may use the default by leaving the field blank, but you must still allocate space on your request for the fields.

HOW TO REQUEST A CHANGE FOR A PROVIDER NUMBER

Whenever requesting a change for a provider always include the name, provider number, and the information that has been changed.

HSRS PROVIDER NUMBER REQUEST FORM

Date _____ Requester Name _____ Agency _____

Provider Number

Facility Name

Operator(s)/Parent Organization

Address

City, State

Zip Code

County Code Facility Is Located In

Provider Type

License Type

Licensing Agency Name

Requesting Agency Reporting RU

Board Operated Facility

Active Provider Indicator (Y or N)

HSRS PROVIDER AND LICENSE TYPES

<u>CODE</u>	<u>PROVIDER TYPE</u>
22	Foster Home - Children
23	Group Home - Corporate - For Profit
24	Group Home - Corporate - Non-Profit
25	Group Home - Unincorporated
26	Detention Facility
27	Shelter Care Facility
28	Residential Care Center - Private, For Profit
29	Residential Care Center - Private, Non-Profit
30	Residential Care Center - Public
31	School For The Blind Or Deaf
32	Center for Developmentally Disabled
33	State Mental Health Institute
34	Non-State Operated Psychiatric or Specialty Hospital
35	General Hospital
36	Adult Family Home
37	CBRF - (5 -8 Residents)
38	CBRF - (9-16 Residents)
39	CBRF - (17 + Residents)
40	ICF-MR Facility
43	Adult Day Care
44	Substitute Care Parent Agencies
70	Supportive Home Care (Individual)
71	Supportive Home Care (Direct)
72	Supportive Home Care (Contract)
76	In-Home Child Care (Relative)
77	In-Home Child Care (Non-Relative)
78	Family Day Care (Relative)
79	Family Day Care (Non-Relative)
80	Group Center - Child Day Care
82	Sheltered Employment Facility
83	Day Services (Non-Medical) Facility
84	Day Services (Medical) Facility
85	Outpatient Facility/Service Office
86	Nursing Home
87	Transitional Living Program
88	Approved Ancillary Services *
89	Other (Including Respite Care and Direct Grants)

*As listed in the Allowable Costs Manual

LICENSE TYPE

00	Not Licensed
01	Licensed by State of WI
02	Licensed <u>or</u> Certified by a County in WI
03	Licensed By State of WI & County Certified
04	Licensed by a Private Organization or another State
05	Tribal

COUNTY OF RESIDENCE CODES

<u>Code</u>	<u>County</u>	<u>Code</u>	<u>County</u>
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac Du Flambeau Indian Reservation
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	La Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		303	Out-of-State

XXII. ORDERING FORMS

HSRS forms are free and may be ordered by:

- Completing a DMT-25 FORMS/PUBLICATION REQUISITION and mailing it to the address on the form,
- OR
- electronically ordered at <http://dhfs.wisconsin.gov/forms/PrintFormsOnline.htm>

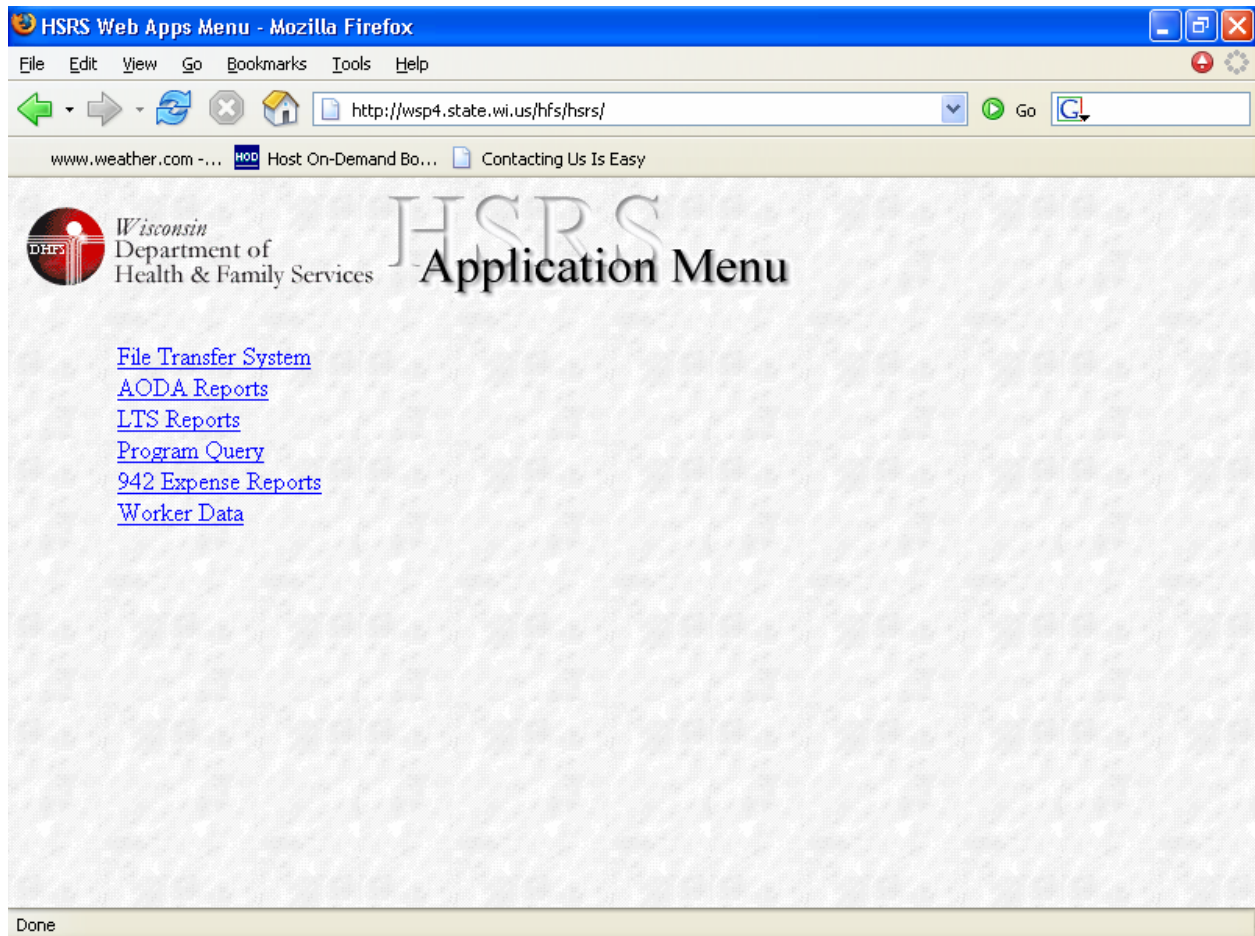
XXIII. EXPENSE REPORT FOR HUMAN SERVICE PROGRAM DDE-942

Expenditure reports are due annually. January - December expenditure reports are due March 25th of the following year. All reports must be submitted via the Internet at http://wsp4.state.wi.us/hfs/hsrs/F942_943. Or you may click on the link from the HSRS Application Menu at <http://wsp4.state.wi.us/hfs/hsrs>

SPCs down the left side of the form are highlighted links. Click on the SPC link you wish to enter and a screen with just that SPC will come up with enterable boxes under the appropriate Target Group columns. When that line is completed, click SUBMIT. Each line must be submitted separately. Use the drop down menu near the center top for the screen to select the next SPC, or click back and then select the next SPC from the left side.

When finished, the entire form can be displayed to check for accuracy and printing if desired.

XXIV. HSRS APPLICATION MENU



HSRS APPLICATION MENU - Lists the various web pages available to HSRS users.

<p>Documentation</p> <p>AODA File Layout</p> <p>CORE File Layout</p> <p>LTS Documentation File Layout</p> <p>MH File Layout</p> <p>Miscellaneous HSRS Handbook Help</p>	<p>Agency: R D U</p> <p>Results File Download</p> <p>Upload File Query</p>
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HSRS FILE TRANSFER SYSTEM (FTS) – The FTS allows counties that collect data on their local system to produce an extract file which is then uploaded to the State mainframe for processing. The following State business day a file showing the results may be downloaded. In addition to the upload and download functions, this screen also provides links to the file layouts for each module type available through FTS, as well as the HSRS Handbook.

AODA Query - Mozilla Firefox

File Edit View Go Bookmarks Tools Help

http://wsp4.state.wi.us/hfs/hsrcs/AodaReport

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HSRS AODA

[About AODA Reports](#)

Service Utilization Report

Agency: ALL REPORTING UNITS
 Year: 2005 Entire Year
 Provider: All Providers
 Service: 101 CHILD DAY CARE - CRISIS/RESPITE
 102 ADULT DAY CARE
 104 SUPPORTIVE HOME CARE
 Race/Ethnicity: All Groups
 Gender: All
 Age: From: To:
 Primary Drug: All Drugs
 Codependent/Collateral: All Clients
 Impaired Driver: All Records

Query

[Service Cost Report](#)

Done


HSRS AODA SERVICE UTILIZATION REPORT – Allows users to generate on-demand reports for various AODA data elements.

HSRS SPC Maintenance - Query - Mozilla Firefox

File Edit View Go Bookmarks Tools Help

http://wsp4.state.wi.us/hfs/hsrs/SpcQuery

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HSRS Program Query

[Add HSRS SPC](#)
[Add HIPAA code](#)

Query by Module

All HSRS SPCs

Program	HIPAA	Translation	Description
A0080	Yes	107 40	NON-EMERGENCY TRANSPORTATION/VOLUNTEERER VEHICLE
A0090	Yes	107 40	NON-EMERGENCY TRANSPORTATION/BY VESTED INDIVIDUAL
A0100	Yes	107 30	NON-EMERGENCY TRANSPORTATION/TAXI
A0130	Yes	107 30	NON-EMERGENCY TRANSPORTATION/WHEELCHAIR VAN
A0160	Yes	107 40	NON-EMERGENCY TRANSPORTATION -CASE/SOCIAL WORKER
A4206 - A9901	Yes	112 55	MISCELLANEOUS MEDICAL SUPPLIES
B4034 - B9999	Yes	112 55	ENTERAL & PARENTERAL THERAPY SUPPLIES
E1399	Yes	112 47	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS
G0176	Yes	403 02	ACTIVITY THERAPY(MUSIC,DANCE,ART,PLAY THERAPIES)
H0004	Yes	507	BEHAVIORAL HEALTH COUNSELING & THERAPY/15MIN
H0005	Yes	507 30	ALCOHOL &/OR DRUG COUNSELING/15MIN

Done


HSRS PROGRAM QUERY – Allows all users to view SPC code descriptions, and HIPPA equivalents. Central office staff use this screen to update SPC data.

HSRS 942 Expense Reporting - Mozilla Firefox

File Edit View Go Bookmarks Tools Help

http://wsp4.state.wi.us/hfs/hsrs/F942_943

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 Wisconsin
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HSRS
Menu

Human Services Reporting System

Expense Report
For Human Service Programs
DDE-942

Reporting Unit Report Status

Form ID 942

Report Period January - December

Report Year 2004

Display Form

[Help](#)

Done

HSRS 942 EXPENSE REPORTS – Screen used by counties to report their 942 expense data on an annual basis. Also used by Central Office staff to view individual county data.

HSRS Worker Table - Mozilla Firefox

File Edit View Go Bookmarks Tools Help

http://wsp4.state.wi.us/hfs/hsrs/WorkerFile

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HSRS
Menu

Human Services Reporting System Worker Data

Worker Number:

Last Name:

First Name: MI: Suff:

Supvisr/Unit-Code:

v 2.0
Rev. 07/07/2004

Done

HSRS WORKER DATA – Used in inquire on worker data. All workers in a reporting unit can be found by entering the first five digits and an asterisk (*).